

A SLOC Musical Theater 2008-2009 Season

TICKET ORDER/CONTRIBUTION FORM

(All Shows held at SLOC, 826 State St, Schenectady, NY)

1 Below, **CIRCLE** the Performance Dates you wish to attend:

SLOC's 2008-2009 Musical Theater Season 1-877-350-7378 OR www.sloctheater.org		THURS 8 pm	FRI 8 pm	SAT 2 pm	SAT 8PM	SUN 2pm
THOROUGHLY MODERN MILLIE	October		3 10	4 11	4 11	5 12
SEUSSICAL, THE MUSICAL	December		5 12	6 13	6 13	7 14
JACQUES BREL IS ALIVE AND WELL AND LIVING IN PARIS (cabaret style price)	January	15	9 16		10 17	11 18
ASSASSINS	March	12	6 13		7 14	8 15
THE SCARLET PIMPERNEL	May	7	1 8		2 9	3 10

2 Seating Preference: Front Middle Rear

3 **SEASON SUBSCRIPTION PACKETS:**
Choose between 2 Packets - A or B (new)

A- FIVE(5) shows for the price of FOUR(4)

Adult Subscriptions Send me: _____ X \$90 each \$_____.

Child Subscriptions (under age 13) Send me: _____ X \$50 each \$_____.

B - * NEW *** Four (4) shows for the price of Three(3)**

Adult Subscriptions Send me: _____ X \$70 each \$_____.

Child Subscriptions (under age 13) Send me: _____ X \$40 each \$_____.

4 **Single Ticket Order: Circle Show Date in Box 1 above**

	Adult	Child (under AGE13)	Total
THOROUGHLY MODERN MILLIE	_____ x \$22	_____ x \$12	\$_____.
SEUSSICAL, THE MUSICAL	_____ x \$22	_____ x \$12	\$_____.
JACQUES IS ALIVE AND WELL AND LIVING IN PARIS (cabaret style price)	_____ x \$27	_____ x \$15	\$_____.
ASSASSINS	_____ x \$22	_____ x \$12	\$_____.
THE SCARLET PIMPERNEL	_____ x \$22	_____ x \$12	\$_____.

5 **SIDE A - TOTAL** \$_____.

B SLOC Musical Theater 2008-2009 Season TICKET ORDER/CONTRIBUTION FORM

Complete both sides

(Order early) Tickets will be mailed no later than September 15, 2008 (Sorry, no refunds)

6

Name (print) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (day) (____) _____ - _____ (evening) (____) _____ - _____

7

Are you a GE Employee or Retiree? Yes No

If Yes, contributions of \$25 or higher are eligible to be matched by the GE Foundation.

Please write "Eligible for GE Match" on your check and call your gift in to the GE Foundation at 1-800-305-0669 (SLOC's zip code is 12301)

8

HELP YOUR COMMUNITY THEATER BY BECOMING A BENEFACTOR!

We depend on and appreciate your continued support.

Benefits: Priority seating, subscription to SLOC newsletters, listing in all our playbills, and an invitation to our opening night cast and staff parties.

Please list my/our name in the SLOC Playbill as:

STAR \$250 or more

ANGEL \$100 - \$249

SPONSOR \$60 - \$99

PATRON \$40 - \$59
(couple / 2 names)

PATRON \$25 - \$39
(single / 1 name)

9

I enclose a tax-deductible contribution for SLOC's 2008-2009 Season \$_____.

Payment Total Enclosed (Side A) \$_____.

Benefactor's Contribution (Side B)..... \$_____.

Add Postage and Processing \$ 3.00

Payment Total..... \$_____.

Check enclosed, payable to SLOC OR charge to: MASTER CARD VISA

Account# _____ Expires _____

Signature _____

Mail Ticket Order/Contributions and Payment to:
SLOC Tickets, PO Box 1006, Schenectady, NY 12301-1006