

2010 - 2011 SEASON SUBSCRIPTION ORDER FORM

NAME(S) _____ PHONE _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

PAYMENT MUST BE INCLUDED WITH ORDER FORM

**Mail to: LCT, PO Box 42
Lawton, OK 73502-0042**

A. _____ I wish to renew my current standing reservations.

To guarantee same seats, renewals must be postmarked by July 1, 2010

B. _____ I wish to renew my membership but would like to *move* to new seats in:

Center (**3**) _____ North/South Center (**2/4**) _____ North/South Side (**1/5**) _____ *Side/Discount _____
(\$95) (\$87) (\$62) (\$54)

*If you would like to **change** performances, please indicate your preference in item E below.*

AFTER AUGUST 1, 2010 the staff will contact you about available seating.

C. _____ I wish to become a member of LCT with reserved seating in:

Center (**3**) _____ North/South Center (**2/4**) _____ North/South Side (**1/5**) _____ *Side/Discount _____
(\$95) (\$87) (\$62) (\$54)

Please indicate your preference in item E below.

AFTER AUGUST 1, 2010, the staff will contact you about available seating.

**If you choose Section 1 and 5 Discount Seats, please indicate if you are:*

Senior Citizen (age 55+) _____ Military (E5 or below) _____ Student _____

D. _____ I would like the FlexPass. (\$87)

E. New Subscribers or Renewals changing performances: Please indicate your preference below.

AFTER AUGUST 1, 2010 the staff will contact you about available seating.

_____ 1st Friday _____ 1st Saturday _____ 1st Sunday Matinee
_____ 2nd Thursday _____ 2nd Friday _____ 2nd Saturday _____ 2nd Sunday Matinee

PLEASE NOTE: Tickets will be mailed in September, 2010

EARLY BIRD DISCOUNT - If paid before June 15, 2010, deduct \$ 10.00 per subscription.

of subscriptions ____@ \$ _____

Sub-Total \$ _____

Minus \$10 per subscription
if before June 15, 2010 (\$ _____)

Total for Tickets \$ _____

Add as my contribution \$ _____

Additional for Building Fund \$ _____

Total Due \$ _____

Signature _____

Check enclosed _____

Please bill my credit card _____

__ Visa __ MasterCard __ Discover

Card Number _____

Expiration Date _____