

# Little Theatre of Norfolk

2019 - 2020  
Season 93  
Subscription Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

## Traditional Subscriptions:

- |                          |                     |                          |                |
|--------------------------|---------------------|--------------------------|----------------|
| <input type="checkbox"/> | Adult: \$65 each    | <input type="checkbox"/> | Renewal        |
| <input type="checkbox"/> | Student: \$55 each  | <input type="checkbox"/> | New Subscriber |
| <input type="checkbox"/> | Senior: \$55 each   |                          |                |
| <input type="checkbox"/> | Military: \$55 each |                          |                |

## Flex Pass:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/>  | Flex: \$72 each |
| *Subscribers: Switching to Flex Pass will automatically release your current seats. |                 |

## Returning Subscribers Only:

- Yes! I would like to renew my subscription with the same seats!

NOTE: Form is due by JUNE 30, 2019 to guarantee the same seat.

## New Subscribers Only:

- | Desired Week:                        | Desired Day:                      | Desired Seat Choices: |
|--------------------------------------|-----------------------------------|-----------------------|
| <input type="checkbox"/> First Week  | <input type="checkbox"/> Friday   | 1st: _____            |
| <input type="checkbox"/> Second Week | <input type="checkbox"/> Saturday | 2nd: _____            |
| <input type="checkbox"/> Third Week  | <input type="checkbox"/> Sunday   | 3rd: _____            |
| <input type="checkbox"/> Fourth Week |                                   |                       |

We will do our best to honor seat choices based on available seats. Please note that if all of your choices are already taken by current subscribers, we will assign seats closest to your first choice.

Seating Accommodations Needed: \_\_\_\_\_

## Payment Method

- Check       Card       Cash

\*to "Little Theatre of Norfolk"

Name (as appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

CVC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*Visa/MC/Dics - 3 digits AMEX: 4 digits

Total Subscription Cost: \$ \_\_\_\_\_

Please consider a donation to LTN's Annual Fund: \$ \_\_\_\_\_

## Method of Pickup:

- I will pick up my tickets at the open house over the summer or during the first show (no charge). \$ 0.00

- Please send my tickets via USPS with tracking- I will pay an extra \$3 fee for shipping. \$ \_\_\_\_\_

Total Charge: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_