

Account No. _____

Seat Location _____

2009-2010 Family Series ORDER FORM

1 I WANT TO KEEP MY SAME SEATS AS LAST YEAR

- Yes
 No

2 I WOULD LIKE TO SUBSCRIBE TO THE FAMILY SEASON SERIES

ORDER FAMILY PERFORMANCES

ENTER QUANTITY, CALCULATE AMOUNT DUE
(Reserved seating for every show)

SHOW	QTY.	PRICES	TOTAL
3-show series		x \$33 = \$	
OR			
Charlotte's Web		x \$13 = \$	
Chasing George Washington		x \$13 = \$	
Nate the Great		x \$13 = \$	
TOTAL			\$

3 CALCULATE TOTAL AMOUNT DUE

Number of series tickets _____
 Times series price x \$ 33 _____
 Series Total = \$ _____
 Total Price of Additional Tickets \$ _____
 Add above 2 lines for **Total Amount Due** = \$ _____

4 SUBSCRIBER INFORMATION (PLEASE PRINT CLEARLY)

Name _____

Address _____

City, State ZIP _____

Day Phone _____

Evening Phone _____

e-mail address _____

5 SPECIAL REQUESTS:

6 PAYMENT METHOD

CHECK OR MONEY ORDER to Historic Elsinore Theatre

CREDIT CARD:

Account # _____

Exp. Date: _____

Signature: _____



MAIL, FAX OR DELIVER ORDER FORM TO:

The Historic Elsinore Theatre
170 High Street SE • Salem, OR 97301
503-375-3574 • Fax 503-375-0284
www.ElsinoreTheatre.com