



***** FOR OFFICE USE ONLY *****

Account No. _____

Seat Location _____

2009-2010 ORDER FORM

1 I WANT TO KEEP MY SAME SEATS AS LAST YEAR

- Yes
- No

2 I WOULD LIKE TO SUBSCRIBE TO THE MAIN SEASON SERIES

CIRCLE ONE OF THESE SEASON SERIES PRICES
(5 shows for one price - price varies by seating location)

- Mezzanine \$218.00**
- Main Floor, Front \$156.00**
- Main Floor, Back \$131.00**
- Balcony, Front \$145.00**
- Balcony, Middle \$95.00**

3 PRIORITY ORDERING and DISCOUNT PRICING for ADDITIONAL PERFORMANCES

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

SHOW	QTY.	PRICES	TOTAL
The Trail Band December 4, 2009		x \$35 (mezzanine)	
		x \$25 (main floor)	
		x \$25 (balcony)	= \$
Gaelic Storm January 21, 2010		x \$35 (mezzanine)	
		x \$28 (main floor)	
		x \$28 (front balcony)	
		x \$25 (middle balcony)	= \$
TOTAL			\$

Subscribers wishing to purchase additional single tickets to any of the five main season shows please contact the Ticket Office at 503.375.3574.

4 I WISH TO BECOME A MEMBER OF THE ELSINORE THEATRE

See below for member benefits at different levels. Memberships are valid for one year, and are tax deductible to the extent allowed by law.

CIRCLE MEMBERSHIP LEVEL

- \$50:** Actors Club **\$100:** Curtain Club
- \$200:** Star Circle **\$250:** Lead Circle
- \$500:** Director's Circle **\$1,000:** Producer's Circle

All members receive: Program recognition, invitation to special member events, advance notice on shows, invitation to annual meeting and reception, early seat selection and member gift. **Curtain Club** - all the above plus 8 tickets to the Wednesday films. **Star Circle** - all the above plus 4 additional tickets to the Wednesday films. **Lead Circle** - all the above plus concession vouchers. **Director's Circle** - all the above plus VIP tour for your group. **Producer's Circle** - all the above plus 4 tickets to any Elsinore sponsored show.

5 CALCULATE TOTAL AMOUNT DUE

Number of subscription tickets _____

Times subscription price x \$ _____

Subscription Total = \$ _____

Total Price of Additional Performances \$ _____

Membership Amount \$ _____

Add above 3 lines for Total Amount Due = \$ _____

6 SUBSCRIBER INFORMATION (PLEASE PRINT CLEARLY)

Name _____

Address _____

City, State ZIP _____

Day Phone _____

Evening Phone _____

e-mail address _____

SPECIAL REQUESTS:

7 PAYMENT METHOD

CHECK OR MONEY ORDER payable 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