



# 2009-2010 SEASON PASSES

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you require special seating? \_\_\_\_\_

Flex or Passport	Price	Quantity	Total
12 Flex	\$420		=
6 Flex	\$210		=
3 Flex	\$105		=
Weekday Passport	\$150		=
Opening Night Subscription	\$165		=
Preview Subscription <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	\$90		=
Senior Matinee Subscription	\$78		=
<input type="checkbox"/> <i>Yes, I'd like to make a donation to Orlando Shakes!</i>			=
<b>Subtotal:</b>			
<b>Processing Fee:</b>			\$6.00
<b>Total Due:</b>			

Visa     Mastercard     American Express     Discover     Cash     Check (Payable to OST)

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ \*CID#: \_\_\_\_\_

\*On Discover/MC/Visa - last three digits in signature field. On AmEx - last four digits on front.

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date Received:</p> <p>Time Received:</p>
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**Orlando Shakespeare Theater Box Office**  
**812 E. Rollins Street, Orlando, FL 32803**  
**Phone 407-447-1700 Fax 407-447-1701**

**ORLANDO SHAKES.ORG**