

# CCT 64<sup>th</sup> Season ORDER FORM

(PLEASE PRINT)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

## Season Pass

**6 Admission Pass** # \_\_\_\_\_ at \$ 84 = \_\_\_\_\_

**3 Admission Pass** # \_\_\_\_\_ at \$ 42 = \_\_\_\_\_

**Supporting Cast Contribution** (Does **not** include tickets) amount

**Friends** (up to \$49) \_\_\_\_\_

**Stars** (\$50-\$249) \_\_\_\_\_

**Angels** (\$250 and up) \_\_\_\_\_

Name \_\_\_\_\_

(as you wish it listed in the program)

**CCT Membership** (annual fee-expires 8/31/2016)

**Adult** (age 18+) # \_\_\_\_\_ at \$ 20 = \_\_\_\_\_

**Junior** (17 & under) # \_\_\_\_\_ at \$ 10 = \_\_\_\_\_

**Family** # \_\_\_\_\_ at \$ 40 = \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

\_\_\_\_\_ Check enclosed, payable to **CCT**      \_\_\_\_\_ Bill my VISA, MasterCard or Discover

Name on card \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Card # \_\_\_\_\_

Exp. date (MM/YY) \_\_\_\_\_ CVV# \_\_\_\_\_

Return to:  
**Chambersburg Community Theatre**  
P.O. Box 92  
Chambersburg, PA 17201-0092

For Office use only: