

CCT 64th Season ORDER FORM

(PLEASE PRINT)

Name _____

Address _____

Phone _____

E-mail _____

Season Pass

4 Admission Pass # _____ at \$ 72 = _____

2 Admission Pass # _____ at \$ 36 = _____

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:

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