

#1. SELECT YOUR SEASON SHOWS

2025-26 CLASSIC MEMBERSHIP FORM

	Red Pitch		Hello Dolly		□ Little	e Miss Per	fect	
	Appropriate		I and You		□ Carl	a Hall		
	A Gentlemen's Guide to Love and	Μι	ırder					
TOTAL NUMB						ER OF SHOWS		
#2	. SELECT YOUR 2025-26 MEMBER	RS	HIP PACKAGE (See	e chart below. 6-show	Check your of 5-show	option. Circle y	your price.	
	PREVIEW PACKAGE: WEEK 1: ☐ Thurs. ☐ Fri.		\$350	\$321	\$270	\$214	\$162	
	REGULAR PACKAGE: WEEKS 2 - 4: □ Wed. Mat. □ Wed. Eve. □ Thurs. □	☐ F	ri. \$448	\$423	\$355	\$282	\$213	
	PRIMETIME PACKAGE: WEEKS 1 - 4: ☐ Sun. Mat. WEEKS 2 - 4: ☐ Sat. Mat.		\$518 Sat. Eve.	\$507	\$425	\$388	\$255	
#3	. ADD A CHRISTMAS CAROL: A G	Н	OST STORY OF C	HRISTMA	15			
Ol	JR HOLIDAY CLASSIC RETURNS							
	A Christmas Carol: A Ghost Story of Christma	ıs #	of tickets	\$30* each	X =	\$		
*\$30 the f	O price is only available for the total number of membershi ull price when single tickets go on sale this summer.	ips b	peing purchased. Additional t	ickets are availd	able at the mem	ber discount of	\$10 off	
#4	• PLEASE MAKE A GIFT IN SUPPO (Gifts of \$250 or more will be recognized in o		_	NARY TH	IEATER A	ND EDUC	ATION	
	\$100 D \$300 D \$500	Г.	n \$1,000 🗀 \$	2 500	□ Other			

#5. TOTAL YOUR ORDER	#6. PAYMENT METHOD
# of Memberships x \$ = \$ Subtotal from #4 (A Christmas Carol) = \$ Gift (#5) = \$ Handling Fee = \$_10.00 Subtract Any Funds on Account = \$ Total = \$	□ Check (Make payable to Olney Theatre Center) Credit Card (Fill out the section below) □ Visa □ MC □ AmEx □ Discover Name on Card Card # Exp. Date / CVC Signature
 TERMS AND CONDITIONS: All prices inclusive of a \$3.50/ticket service fee. Season tickets will be sent electronically. All sales final. Unlimited exchanges, but no refunds. All exchanges need to pay the difference when exchanging from a less expensive performance to a more expensive performance. I acknowledge that I have read and understand the above terms and conditions. #8. MEMBER INFORMATION	#7. SPECIAL NEEDS AND REQUIREMENTS Use the space below to briefly describe any specific needs that you may have (e.g. handicapped seating, audio description, etc.).
Name	
Address City	State Zip
Cell Phone () Cell P	hone #2 or Landline (}
Email	
Member 1	Birthday / /
Member 2	Birthday / /
Member 3	Birthday / /

Olney Theatre Center is a nonprofit 501(c)3 organization as determined by the IRS. Your donation is tax-deductible as allowed by law.

Member 4___

Birthday_____ / ____ / _____