

Leach Theatre 2017-2018 Season Subscription Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I was a subscriber this past year (2016-17):

I am a new subscriber:

___ I would like the same seats

My seat preference is: best available

___ I would like different seats, if available, in:

front middle back aisle

front middle back aisle

New subscriber seating requests will be accommodated when possible, or best available seating will be assigned.

Select Your Season Package

PACKAGE	COST	QUANTITY	TOTAL
Full Season: includes all 7 Campus Performing Arts Series (CPAS) shows			
Full Season CPAS (adult)	\$210		
Full Season CPAS (youth)	\$175		
Half Season: select 4 Campus Performing Arts Series shows			
Half Season CPAS (adult)	\$140		
Half Season CPAS (youth)	\$120		
SEASON PACKAGE TOTAL			\$
ADVANCE SINGLE TICKETS	COST	QUANTITY	TOTAL
<i>Season subscribers are entitled to advance purchase of additional tickets (See brochure or website for single ticket prices)</i>			
GRAND TOTAL			\$

Pick your shows

Check the box beside the shows you want to attend. (Note: All shows listed below are included in the Ticket Exchange Option.)

- Wahzhazhe: An Osage Ballet 9/8/17
- All is Calm 11/27/17
- Todd Mosby & New Horizons 1/19/18
- Million Dollar Quartet 2/4/18
- Sweet Honey in the Rock® 2/22/18
- Musical Thrones: A Parody 3/5/18
- Catapult 4/9/18

Payment Options

Please mail completed form to: **Leach Theatre, 103 Castleman Hall, Rolla, MO 65409**. Current subscribers must renew by June 30, 2017, to ensure same seating. After June 30, subscribers will be assigned the best available seats. **Season ticket sales conclude Aug. 31, 2017**. No refunds. Tax credits available for returns. For questions call 573-341-4219.

- I have enclosed a check for the full amount payable to Missouri S&T.
- Please charge my credit card for the full amount.
- Please charge my credit card on the monthly payment plan (includes monthly processing fee; see brochure or website for details)

MasterCard Visa Discover American Express

Card number: _____

Expiration date: _____ Billing zip code: _____