

Leach Theatre 2022-2023 Season Subscription Order Form

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Select Your Season Package

SEASON PACKAGE	COST	QUANTITY	TOTAL
Full Package - includes all 7 shows in the Campus Performing Arts Series	Full Adult: \$210		
	Full Youth*: \$182		
Season 4-Pack - choose 4 shows from the Campus Performing Arts Series	4-pack Adult: \$140		
	4-Pack Youth*: \$120		
ADVANCE SINGLE TICKETS <small>(See brochure/website for single ticket prices)</small>	TICKET PRICE	QUANTITY	TOTAL
[Enter name of show]			
[Enter name of show]			
GRAND TOTAL:			\$

*Youth = age 18 & under

4-Pack Subscribers - select your four shows below:

- Hamlet's BIG Adventure 09/21/2022
- Saint Louis Ballet 10/22/2022
- Buckets N Boards 11/12/2022
- Rodney Marsalis 12/09/2022
- Brian Owens/Mighty Pines 02/03/2023
- Pride & Prejudice 02/25/2023
- The Kay Brothers 03/10/2023

I was a subscriber in the 2019-2020 season. I am a new subscriber.

My seating preferences: front middle back outer aisle center aisle (if possible)
 best available as close to my 2019-20 seating area as possible (19-20 subscribers)
 other request (please specify: _____)

*Priority seating is given to returning subscribers from the 2019-20 season who submit their orders by **August 12, 2022**. These requests will be accommodated to the best of our ability in the order received. New subscriber seating requests will be accommodated when possible, or best available seating will be assigned in the order received.*

Payment Options

Please mail completed form to: **Leach Theatre, 103 Castleman Hall, Rolla, MO 65409**. Subscribers from the 2019-20 season must renew by August 12, 2022, to ensure priority seating. After August 12, subscribers will be assigned the best available seats. **Season subscription sales conclude Aug. 19, 2022.** For questions call 573-341-4219 or email leach@mst.edu.

- I have enclosed a check for the full amount payable to Missouri S&T.
- Please charge my credit card for the full amount.

MasterCard Visa Discover American Express

Card number: _____

Expiration date: _____ Billing zip code: _____

Questions?
 573-341-4219
 leach@mst.edu