



2010 HALF YEAR SEASON TICKET ORDER FORM

1 season ticket holder information

Name of Purchaser _____ Date _____
 Purchaser's Address _____
 City _____ State _____ ZIP _____ Phone Number (_____) _____
 E-mail _____
 Name of Ticket Holder (if different from above) _____
 Ticket Holder's Address (if different from above) _____
 City _____ State _____ ZIP _____ Phone Number (_____) _____
 E-mail _____
 Credit Card No. _____ CVW2 No.* _____
 Expiration Date _____ | _____ | _____ Signature _____



*The CVW2 is the last three digits printed in the signature space on the back of Visa, Mastercard, and Discover cards. It is a four-digit number (flat printed, not embossed like the card number) on the front of American Express cards.

2 season tickets

- DELUXE:** Allows you to come any night of the week. Our most flexible pass! You may choose your dates and seats now, or choose as you go. Section A seating includes one free beverage at each performance.
- WEEKNIGHT:** Allows you to come any Monday, Tuesday, Wednesday, Thursday or Saturday matinee. You may choose your dates and seats now, or choose as you go. Section A seating includes one free beverage at each performance.

SECTION A SEATING {A}		SECTION B SEATING {B}	
_____ Adult* @ \$50 = \$ _____	_____ Adult @ \$39 = \$ _____	_____ Child* @ \$40 = \$ _____	_____ Child @ \$29 = \$ _____
_____ Adult* @ \$47 = \$ _____	_____ Adult @ \$37 = \$ _____	_____ Child* @ \$34 = \$ _____	_____ Child @ \$27 = \$ _____

To reserve specific seats for your **DELUXE** or **WEEKNIGHT** tickets, please call the Box Office at **801.226.8600**

ADULTS: 12 years and older ♦ CHILDREN: ages 4 to 11 ♦ Absolutely NO Children under 4 or BABES-IN-ARMS
 *DELUXE A & WEEKNIGHT A includes one free beverage at each performance

3 total

- Don't forget to include the Processing Fee.
- Incomplete orders cannot be processed.
- Orders will be processed in the order that they are received.

Total of column A = \$ _____	Total of column B = \$ _____
CONTRIBUTION* = \$ _____	CONTRIBUTION* = \$ _____
Processing Fee = \$ 3.00	Processing Fee = \$ 3.00
TOTAL ENCLOSED = \$ _____	TOTAL ENCLOSED = \$ _____

*HCTO is now operating as a not for profit organization.
 Your tax deductible contribution will further HCTO's mission of providing high quality theater while maintaining reasonable ticket prices.

4 submit

SUBMIT YOUR 2010 SEASON TICKET ORDER FORM AND PAYMENT

Mail to:
 Hale Center Theater Orem
 225 West 400 North
 Orem, UT 84057
or FAX (Credit Card Orders Only):
 Hale Center Theater Orem
 801.852.3189



HALETHEATER.ORG

OFFICE USE ONLY	
CLERK _____	
CASH CHECK CARD SALE NO. _____	
INFO PACKET SENT - DATE _____	