



**ORLANDO SHAKESPEARE THEATER**  
IN PARTNERSHIP WITH UCF

**2010 - 2011**  
**SEASON**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you require special seating? \_\_\_\_\_

Subscription	Day	Week	Cost	Quantity	Total
Preview	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	1st	\$92		=
Wednesday/Thursday	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	2nd	\$135		=
Sunday		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	\$135		=
Friday/Saturday	<input type="checkbox"/> Fri. <input type="checkbox"/> Sat.	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	\$150		=
Senior	Select Wed. 2 p.m.		\$80		=
<b>Flex Pass</b>					
			<b>Cost</b>	<b>Quantity</b>	<b>Total</b>
12 Flex	Any date; best seats available		\$360		=
6 Flex	Any date; best seats available		\$186		=
3 Flex	Any date; best seats available		\$96		=
<b>TYA Pass</b>					
			<b>Cost</b>	<b>Quantity</b>	<b>Total</b>
TYA 3	Any date; best seats available		\$24		=
<input type="checkbox"/> <b>Yes, I'd like to make a donation to Orlando Shakes!</b>					=
<b>Subtotal:</b>					
<b>Processing Fee:</b>					\$6.00
<b>Total Due:</b>					

Visa     Mastercard     American Express     Discover     Cash     Check (Payable to OST)

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ \*CID#: \_\_\_\_\_

\*On Discover/MC/Visa - last three digits in signature field. On AmEx - four digits on front.

**FOR OFFICE USE ONLY**

Date Received:

Time Received:

**Lowndes Shakespeare Center**

812 E. Rollins Street

Orlando, FL 32803

**Phone 407-447-1700**

**Fax 407-447-1701**

**www.orlandoshakes.org**