



L/A Community Little Theatre's 85th Season! 2024-25

Season Subscription Form

Mail to: P.O. Box 262, Auburn Maine 04212-0262

Name: _____ Phone: _____

Address: _____

Email: _____

We will do our best to match your preferences below:

My Performance Preference is:

- ☐ 1st Friday (evening)
- ☐ 1st Saturday (evening)
- ☐ 1st Sunday (matinee)
- ☐ 2nd Thursday (evening)
- ☐ 2nd Friday (evening)
- ☐ 2nd Saturday (matinee)
- ☐ 2nd Sunday (matinee)

My Seating Preference is:

- ☐ Center Front
- ☐ Center Rear
- ☐ Left Front
- ☐ Left Rear
- ☐ Right Front
- ☐ Right Rear

Special Seating Needs:

- ☐ Aisle Seat
- ☐ Wheelchair Seat
- ☐ Other _____

Please indicate number of Full season subscriptions below*

_____ Adult - multiply by \$81.60 per subscription = Subtotal \$ _____

_____ Senior/Student - multiply by \$72 per subscription = Subtotal \$ _____

_____ Children (13 and under) - multiply by \$56 per subscription = Subtotal \$ _____

☐ Please mail tickets ☐ Please hold at Will Call

Subscriptions are for a **four-show season*

Donation \$ _____

Total Price \$ _____

☐ My check is enclosed

☐ Please charge by Debit / Credit Card: ☐ Visa ☐ Mastercard

Card Number _____ Exp Date: _____

CIV / CID Number (Three digits on the back of the card): _____

Please see back of this form to order your FLEX subscriptions.

Please Note:

You may also call the Box Office, at 207. 783.0958, to secure your seats and arrange payment.

2024-25

FLEX Season Subscription Form

Please indicate number of FLEX season subscriptions below*

_____ Adult - multiply by \$61.20 per subscription = Subtotal \$ _____

_____ Senior/Student - multiply by \$54 per subscription = Subtotal \$ _____

_____ Children (13 and under) - multiply by \$42 per subscription = Subtotal \$ _____

☐ Please mail tickets ☐ Please hold at Will Call

Subscriptions are for **three of the four show season*

Donation \$ _____

Total Price \$ _____

****Please choose 3 of the four shows***

☐ 1776

☐ Nunsense

☐ The Little Prince

☐ SpongeBob the Musical

☐ My check is enclosed

☐ Please charge by Debit / Credit Card: ☐ Visa ☐ Mastercard

Card Number _____ Exp Date: _____

CIV / CID Number (Three digits on the back of the card): _____