

2021-22 SUBSCRIPTION ORDER FORM

3 SHOW SEASON

In response to Covid-19, this season's shows, show dates and seating are subject to change.

PHONE ORDER (503) 635-3901: Available 10 – 4 weekdays, 10 – 4 Saturdays FAX: 503-635-2002
mail to Lakewood Theatre Company, PO Box 274, Lake Oswego, OR 97034

Please print your contact information

Name _____

Address _____

City, State, Zip _____

Primary Phone _____

Secondary Phone _____

Email _____

SELECT YOUR 3 SHOW SUBSCRIPTION

Plan	Discount	Price
<input type="checkbox"/> Plan A: Fridays, 7:30PM <i>Champagne Opening with coffee and dessert after the show</i>	15%	\$105
<input type="checkbox"/> Plan B: Fridays, 7:30PM	17%	\$100
<input type="checkbox"/> Plan C: Saturdays, 7:30PM	17%	\$100
<input type="checkbox"/> Plan D: Thursdays, 7:30PM	19%	\$100
<input type="checkbox"/> Plan E: Saturdays, 2:00PM	17%	\$195
<input type="checkbox"/> Plan F: Sundays, 2:00PM	17%	\$100
<input type="checkbox"/> Plan G: Flex Pass <i>4 passes to any show. Subject to availability</i>	15%	\$105
<input type="checkbox"/> Plan W: Wednesdays, 7:30PM	19%	\$193

I WANT TO SUBSCRIBE TO LAKEWOOD THEATRE COMPANY

<input type="text"/>	×	\$ <input type="text"/>	=	\$ <input type="text"/>
# of seats		Plan Price		

EXTRA OPTIONS

Lost Treasures Collection - 1 show left!

Fridays, 7:00PM Saturdays, 2:00PM Saturdays, 7:00PM

<input type="text"/>	×	\$20	=	\$ <input type="text"/>
# of seats		Series Price		

I Want to Support Lakewood Theatre Company

Tickets only pay for about 63% of the actual cost of shows. Your tax deductible membership gift directly supports theatre productions:

Patron: \$50 – 99	Guarantor: \$500 – 999
Benefactor: \$100 – \$249	Producer's Circle: \$1000 – 4,999
Angel: \$250 – 499	President's Circle: \$5000+

\$ <input type="text"/>	=	\$ <input type="text"/>
Gift Amount		

Handling Fee (applies to all orders) = **\$ 7.00**

PAYMENT AND GRAND TOTAL

No refunds — Non-transferable - Your cancelled check or credit card statement acknowledges receipt of order

Check enclosed Visa MasterCard American Express Discover

Card Number: _____

Exp. Date: _____ CVV: _____

Name on Card: _____ Signature: _____

\$
Grand Total

Office use only — Please do not write in this box

Date Received:

Acct #:

Memo: