

427 Franklin Street Schenectady, NY

Tickets: 1-877-350-7378 www.sloctheater.org

Name				 	
Address					
Email	mail Phone Number				
SECTION 1					
Circle Performance I 1st weekend: 2nd weekend:	Preference*: FRI THUR	SAT FRI	SUN SAT	SUN	
Circle Seating Prefer Last Year's Seats *Tickets will initially be r You may change dates	Floor reserved for th				
SECTION 2					
Season Subscription Package get all 5 shows for the price of 4					
x \$112 =	\$				
SECTION 3					
Check Box for Ticket	Delivery Pr	eference:			
Hold at Will Call (No Charge) ☐ Mail Tickets (\$3 Charge) ☐ Pick-up at each performance ☐ Pick-up all tickets at first performance					
SECTION 4					
Help by Becoming a	Patron of th	e Arts!			
Benefits: Priority seating, subscription to SLOC publications, listing in all our playbills and an invitation to our special events.					
□ Executive Producer \$5,000 □ Producer \$1,000 □ Musical Director \$500 □ Assistant Director \$250 □ Choreographer \$100 □ Cast & Crew \$50					
Please list name(s) in the SLOC Playbill as:					
Does your employer match contributions? ☐ Yes ☐ No					
If yes, Employers name:Please contact them for matching donation!					
SECTION 5					
Total Ticket Purchase Ticket Delivery (Secti Patron Contribution (on 3)		TOTAL	\$ \$ \$ \$	
□ Check Enclosed, pa □ Master Card	ayable to SL0 □Visa	DC □ Discov	er [] American Express	
Name on Card: Account Number: Expires:		Signature			

Mail with Payment to: SLOC Tickets, PO Box 1006, Schenectady, NY 12301-1006