



### Section ① : Number of Subscriptions/Flex Passes

Subscriptions: \_\_\_\_\_ x \$140 = \$ \_\_\_\_\_

Flex Pass 5: \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_

Flex Pass 3: \_\_\_\_\_ x \$ 95 = \$ \_\_\_\_\_

### Section ② : Performance & Location Preference (Subscription only, Not Applicable for Flex Pass)

1<sup>st</sup> Weekend ☐ Fri (8pm) ☐ Sat (8pm) ☐ Sun (3pm)

2<sup>nd</sup> Weekend ☐ Thu (8pm) ☐ Fri (8pm) ☐ Sat (8pm) ☐ Sun (3pm)

☐ Last year's seats ☐ Floor ☐ Risers ☐ Balcony

### Section ③ : Ticket Delivery

☐ Electronic (print at home or download to a mobile device)

☐ Will Call (pick up at the box office at each show)

☐ Will Call (pick up all tickets at Dreamgirls)

☐ Mail Tickets (delivered by September 1, 2025)

### Section ④ : Patron Contribution

Your generous donation allows us to continue our mission of providing opportunities to experience and participate in the performing arts!

☐ Executive Producer (\$5000) ☐ Producer (\$2500) ☐ Director (\$1000)

☐ Music Director (\$500) ☐ Asst Director (\$250) ☐ Choreographer (\$100)

☐ Cast & Crew (\$50) ☐ Supporter (\$25) ☐ Other \$ \_\_\_\_\_

Please list how you'd like your name(s) to appear in our playbill:

\_\_\_\_\_

### Section ⑤ : Total

Section 1 (Subscriptions/Flex Passes) \$ \_\_\_\_\_

Section 5 (Patron Contributions) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Confirm that the address information on the back of this form is correct. Update as needed.

Mail this form with a check made payable to SLOC to:

**SLOC Tickets**  
**PO Box 1006**  
**Schenectady, NY 12301**

To purchase or renew your subscription with a credit card, call 518-730-7370 option 1.