

2018-2019 SEASON TICKET ORDER FORM

The deadline to renew is Friday, August 3, 2018. Orders received after this date will be treated as new orders. Single ticket orders go on sale Monday, August 6, 2018. If you would like to make single ticket orders, please visit our website at www.fantasyplayhouse.com or call 256-539-6829.

Information

Name _____ Email _____

Address _____

City, State, Zip _____

Home Phone _____ Cell _____

Special Seating Needs: Wheelchair Hearing Vision

Does anyone in your household have military affiliation? Please check all that apply:

Active Duty/Retired Reserve Civil Servant Government Contractor

1 SELECT YOUR TICKETS

Ticket Type (Check One)

<input type="checkbox"/>	Renewing, 2017-2018 Season Subscriber
<input type="checkbox"/>	Same Seats as Last Year
<input type="checkbox"/>	Better, if available
<input type="checkbox"/>	New Season Ticket Purchaser

Season Tickets (Select a Quantity)

<input type="checkbox"/>	Adult Season Tickets at \$39.00/e	\$
<input type="checkbox"/>	Child* Season Tickets at \$39.00/e	\$

Add A Christmas Carol Tickets?

A Christmas Carol Tickets (Select a Quantity)

<input type="checkbox"/>	Adult \$18.00 each	\$
<input type="checkbox"/>	Child* \$13.00 each	\$

2 TOTAL COST

Donation

I wish to support FPCT with a donation of... \$

Name as you would like it to appear in the program (for donations of \$50 or more):

Total Enclosed: \$ _____

3 SELECT SHOW TIMES

Season Show Day/Time (Check One)

First Weekend	Second Weekend
<input type="checkbox"/> Friday 7:00pm	<input type="checkbox"/> Friday 7:00pm
<input type="checkbox"/> Saturday 1:30pm	<input type="checkbox"/> Saturday 1:30pm
<input type="checkbox"/> Saturday 5:00pm	<input type="checkbox"/> Saturday 5:00pm
<input type="checkbox"/> Sunday 1:30pm	<input type="checkbox"/> Sunday 1:30pm
<input type="checkbox"/> Sunday 5:00pm	<input type="checkbox"/> Sunday 5:00pm

A Christmas Carol Show Day/Time (Check One)

First Weekend	Second Weekend
<input type="checkbox"/> Friday 7:00pm	<input type="checkbox"/> Friday 7:00pm
<input type="checkbox"/> Saturday 1:30pm	<input type="checkbox"/> Saturday 1:30pm
<input type="checkbox"/> Saturday 5:00pm	<input type="checkbox"/> Saturday 5:00pm
<input type="checkbox"/> Sunday 1:30pm	<input type="checkbox"/> Sunday 1:30pm
<input type="checkbox"/> Sunday 5:00pm	<input type="checkbox"/> Sunday 5:00pm

4 PAYMENT

Payment

Check enclosed (make payable to "FPCT" & mail to: FPCT 3312 Long Ave, Huntsville, AL 35805)

VISA MC DISC AMEX

Name on Card: _____

CC#: _____

CVV: _____

Exp. Date: _____ / _____

Zip: _____

Cardholder Signature: _____

