



Season Pass Form

To order your pass, complete and print the order form, and mail it to:

ACT, PO Box 4287, Topeka KS 66604.

Each 4-admission season membership pass for \$40. This flexible pass will save you money. It can be used as admissions to any of our shows and is \$10 cheaper than purchasing four individual tickets. What a deal!! And if you prefer dinner seating you can add the meal plan to your flex pass for an additional \$40.00.

Name _____

Address _____

City/St _____

Zip _____

Phone _____ Email _____

Payment Method*

Check enclosed, #:

Charge please:

MasterCard

VISA

Discover Card

American Express

Name on card: _____

Card Number: _____

Exp CCV (from back)

Signature: _____

Number of Season Passes			
Show only (4)	x \$40	\$	-
Show and Dinner (4)	x \$80	\$	-
	Total amount enclosed:	\$	-

In addition to my season membership pass, I would like to become an ACT Star.

I have enclosed an additional tax deductible donation. Please list me as a:

- | | |
|--|---|
| <input type="checkbox"/> Friend (\$25) | <input type="checkbox"/> Patron (\$500) |
| <input type="checkbox"/> Helper (\$50) | <input type="checkbox"/> Sustainer (\$1,000) |
| <input type="checkbox"/> Donor (\$100) | <input type="checkbox"/> Benefactor (\$2,500) |
| <input type="checkbox"/> Supporter (\$250) | <input type="checkbox"/> Angel (\$5,000) |

See our STARS information on our website for specific benefits to each category. We will contact you regarding program listings, additional tickets or other benefits.

*** Do not send cash through the mail. Do not e-mail your credit card number.**

If you choose to charge your tickets, you can phone your number in or send it through regular mail.