

TICKET SUBSCRIPTION ORDER FORM

Becoming a season subscriber is easy. Simply use this order form to purchase tickets for three or more show titles, and you're in! You'll continue to get the special **subscriber ticket pricing** all season long (**20% off**).

1. Choose your shows/dates. Not sure which date to choose? We encourage you to join us for opening weekend! You have the benefit of no-fee exchanges should you need to change your date later. **2.** Enter the # of adult/student tickets and calculate your totals (math is fun!) **3.** Complete the back side of this form and return to the TCR box office.

Friday and Saturday showtimes: 7:30 pm / Sunday showtimes: 2:30 pm

Based on demand, some performance dates may be added closer to the show runs.

MY FAIR LADY (AUDITORIUM) SEPT 14-OCT 6			
<input type="checkbox"/> FRI 9-14-18	<input type="checkbox"/> SAT 9-15-18	<input type="checkbox"/> SUN 9-16-18	Adult: \$32 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 9-21-18	<input type="checkbox"/> SAT 9-22-18	<input type="checkbox"/> SUN 9-23-18	
<input type="checkbox"/> FRI 9-28-18	<input type="checkbox"/> SAT 9-29-18	<input type="checkbox"/> SUN 9-30-18	
<input type="checkbox"/> FRI 10-5-18	<input type="checkbox"/> SAT 10-6-18		

ADA & THE MEMORY ENGINE (GRANDON) MARCH 15-31			
<input type="checkbox"/> FRI 3-15-19	<input type="checkbox"/> SAT 3-16-19	<input type="checkbox"/> SUN 3-17-19	Adult: \$20 x _____ = \$ _____ Student: \$15 x _____ = \$ _____
<input type="checkbox"/> FRI 3-22-19	<input type="checkbox"/> SAT 3-23-19	<input type="checkbox"/> SUN 3-24-19	
<input type="checkbox"/> FRI 3-29-19	<input type="checkbox"/> SAT 3-30-19	<input type="checkbox"/> SUN 3-31-19	

INTIMATE APPAREL (GRANDON) OCT 26-NOV 10			
<input type="checkbox"/> FRI 10-26-18	<input type="checkbox"/> SAT 10-27-18	<input type="checkbox"/> SUN 10-28-18	Adult: \$20 x _____ = \$ _____ Student: \$15 x _____ = \$ _____
<input type="checkbox"/> FRI 11-2-18	<input type="checkbox"/> SAT 11-3-18	<input type="checkbox"/> SUN 11-4-18	
<input type="checkbox"/> FRI 11-9-18	<input type="checkbox"/> SAT 11-10-18		

HUNCHBACK OF NOTRE DAME (AUDITORIUM) MAY 3-25			
<input type="checkbox"/> FRI 5-3-19	<input type="checkbox"/> SAT 5-4-19	<input type="checkbox"/> SUN 5-5-19	Adult: \$32 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 5-10-19	<input type="checkbox"/> SAT 5-11-19	<input type="checkbox"/> SUN 5-12-19	
<input type="checkbox"/> FRI 5-17-19	<input type="checkbox"/> SAT 5-18-19	<input type="checkbox"/> SUN 5-19-19	
<input type="checkbox"/> FRI 5-24-19	<input type="checkbox"/> SAT 5-25-19		

ELF THE MUSICAL (AUDITORIUM) NOV 16-DEC 16			
<input type="checkbox"/> FRI 11-16-18	<input type="checkbox"/> SAT 11-17-18	<input type="checkbox"/> SUN 11-18-18	Adult: \$32 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 11-23-18	<input type="checkbox"/> SAT 11-24-18	<input type="checkbox"/> SUN 11-25-18	
<input type="checkbox"/> FRI 11-30-18	<input type="checkbox"/> SAT 12-1-18	<input type="checkbox"/> SUN 12-2-18	
<input type="checkbox"/> FRI 12-7-18	<input type="checkbox"/> SAT 12-8-18	<input type="checkbox"/> SUN 12-9-18	
<input type="checkbox"/> FRI 12-14-18	<input type="checkbox"/> SAT 12-15-18	<input type="checkbox"/> SUN 12-16-18	

RIPCORD (GRANDON) MAY 31-JUNE 16			
<input type="checkbox"/> FRI 5-31-19	<input type="checkbox"/> SAT 6-1-19	<input type="checkbox"/> SUN 6-2-19	Adult: \$20 x _____ = \$ _____ Student: \$15 x _____ = \$ _____
<input type="checkbox"/> FRI 6-7-19	<input type="checkbox"/> SAT 6-8-19	<input type="checkbox"/> SUN 6-9-19	
<input type="checkbox"/> FRI 6-14-19	<input type="checkbox"/> SAT 6-15-19	<input type="checkbox"/> SUN 6-16-19	

THE FULL MONTY (AUDITORIUM) JAN 25-FEB 10			
<input type="checkbox"/> FRI 1-25-19	<input type="checkbox"/> SAT 1-26-19	<input type="checkbox"/> SUN 1-27-19	Adult: \$28 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 2-1-19	<input type="checkbox"/> SAT 2-2-19	<input type="checkbox"/> SUN 2-3-19	
<input type="checkbox"/> FRI 2-8-19	<input type="checkbox"/> SAT 2-9-19	<input type="checkbox"/> SUN 2-10-19	

NEWSIES (AUDITORIUM) JUNE 28-JULY 20			
<input type="checkbox"/> FRI 6-28-19	<input type="checkbox"/> SAT 6-29-19	<input type="checkbox"/> SUN 6-30-19	Adult: \$32 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 7-5-19	<input type="checkbox"/> SAT 7-6-19	<input type="checkbox"/> SUN 7-7-19	
<input type="checkbox"/> FRI 7-12-19	<input type="checkbox"/> SAT 7-13-19	<input type="checkbox"/> SUN 7-14-19	
<input type="checkbox"/> FRI 7-19-19	<input type="checkbox"/> SAT 7-20-19		

SHAKESPEARE IN LOVE (AUDITORIUM) MARCH 8-24			
<input type="checkbox"/> FRI 3-8-19	<input type="checkbox"/> SAT 3-9-19	<input type="checkbox"/> SUN 3-10-19	Adult: \$28 x _____ = \$ _____ Student: \$25 x _____ = \$ _____
<input type="checkbox"/> FRI 3-15-19	<input type="checkbox"/> SAT 3-16-19	<input type="checkbox"/> SUN 3-17-19	
<input type="checkbox"/> FRI 3-22-19	<input type="checkbox"/> SAT 3-23-19	<input type="checkbox"/> SUN 3-24-19	

TICKET TOTAL \$ _____

YOU MATTER. TCR is proud to serve as a cornerstone of the Cedar Rapids Downtown District and is committed to the cultural vibrancy of our region. As a 501(c)3 non-profit organization, financial support by individuals like you is crucial to maintaining the diversity and longevity of the live theatre we create. Support the arts in your community by including a tax deductible gift today.

INCREASE THE IMPACT OF MY SUBSCRIPTION WITH AN ANNUAL GIFT:

Friend (\$150) Advocate (\$350) Artist (\$750) Director (\$1,500) Other _____

Anonymous In memory of _____ In honor of _____

My company's matching gift form is enclosed (TCR will include that amount in my donor recognition level). Company name: _____

FRONT PAGE TICKET TOTAL \$	_____
DONATION TO TCR	\$ _____
HANDLING FEE	\$ 7.50
GRAND TOTAL	\$ _____

For office use only.

Date received: _____ Date processed: _____

Notes:

PAYMENT METHOD: Check (made payable to Theatre Cedar Rapids) Credit Card: Discover Mastercard Visa

Card number: _____ Expiration date: _____ Security Code: _____

Signature: _____ Seating or special requests: _____

CONTACT INFORMATION: Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Birthdate (optional): _____ Today's date: _____

RETURN THIS FORM TO THE TCR BOX OFFICE, 102 THIRD STREET SE, CEDAR RAPIDS, IA, 52401