

A. 6-PACK/DTP

If you like to pick and choose, then the 6-pack is perfect for you. You can use all 6 tickets for one show, give them as gifts, and/or see whichever plays you'd like on either stage.

B. MAIN STAGE SEASON TICKETS

This package is perfect for everyone who wants to see all 6 shows on our main stage in 2010.

C. COMPLETE SEASON TICKETS

If you want to see the most shows for the greatest discount - you'll want our complete season ticket package. You'll be able to see all 6 shows on the main stage and 3 studio series shows.

2010 Order Form

OFFICE USE ONLY

D _____ \$ _____ PU/M _____ INT _____

P _____ F _____ # _____ M C _____

STEP 1 CHOOSE YOUR TICKET PACKAGE(S)

		PRICING*
A. 6-Pack/(Discount Ticket Packet) 6 coupons to use for any main stage or studio series show.	\$125	x _____ = \$ _____
B. Main Stage Season Ticket Valid for 1 admission to each of the 6 main stage shows.	\$114	x _____ = \$ _____
C. Complete Season Ticket Valid for 1 admission to each of the 6 main stage shows and 3 studio series shows.	\$140	x _____ = \$ _____
		Step 1 Total = \$ _____

*Season tickets, 6-pack coupons not good for special events
*6-pack/DTP coupons and season ticket sales close June 1, 2010

STEP 2 CONTRIBUTE TO THE OLD CREAMERY: As a not-for-profit organization, ticket sales only cover 80% of our costs to bring you the high-quality, professional productions you enjoy. Please consider making a tax-deductible gift to The Old Creamery to help us continue bringing you the best of live theatre. The entire Old Creamery family thanks you for your generosity.

Many corporations have matching programs for employees. Ask your company about its matching gift policy. **Contribution = \$ _____**

NAME AS YOU WOULD LIKE IT TO APPEAR IN THE PROGRAM (Donors only)

Please allow 3 to 4 weeks for delivery.

Gift certificates are available. Call the box office for more information.

STEP 3 COMPLETE YOUR ORDER: Mail to 39 38th Ave, Amana, IA 52203 or fax to 319-622-3858. Have questions? Call our box office at **1-800-35AMANA.**

NAME _____

BILLING ADDRESS _____

PHONE _____

EMAIL _____

MAIL TO (Gift recipient)

GIFT RECIPIENT'S NAME _____

GIFT RECIPIENT'S ADDRESS _____

Step 1 (Your ticket package(s)) = \$ _____

Step 2 (Contribution) = \$ _____

Annual Fund

Theatre for Young Audiences

Grand Total = \$ _____

CHECK ENCLOSED

DISCOVER, VISA OR MASTER CARD

EXP. DATE _____

SIGNATURE _____