

Card Number

Exp. \_\_\_\_\_CCV \_\_\_\_

## 2024/25 SEASON SUBSCRIPTIONS

GRAND TOTAL:

LITTLE THEATRE	SUBSCRIPTIONS
STEP 1: CONTACT INFORMATION	
NAME	
ADDRESS	
CITY	STATEZIP CODE
EMAIL	PHONE
STEP 2: SELECT YOUR SEASON TICKET	
Save up to 20% off equivalent single ticket prices plus to Pre-season priority booking • Member discounts on select Spec	the following subscriber benefits: cial Events • 1 individual guest ticket per subscription (when purchased by July 1, 2024)
PLUS 6 Season ticket for all 6 SLT Mainstage shows  ADULT \$140 # of Subscribers  SENIOR (60+) \$125 # of Subscribers  STUDENT (UNDER 25) \$105 # of Subscribers	and/or SENIOR (60+) \$105 # of Subscribers
STANDING SEATING RESERVATIONS  Please see the back of this form.	SUBSCRIPTION TOTAL: \$
STEP 3: WOULD YOU LIKE TO MAKE A	DONATION?
	tribution and receive all the benefits enjoyed by season subscribers as well
<b>DONOR'S CIRCLE</b> In support of SLT's longstanding commitment to excellence and innovation in performal education, and community service	ance, artists, production staff, and crew, past or present.
☐ FRIEND (\$50) ☐ PRODUCER (\$1,000	OPENING NIGHT (\$25)  STANDING ROOM ONLY (\$50)
☐ BENEFACTOR (\$100) ☐ ARTIST (\$2,500)	and/or   A SMASH HIT (\$100)
□ DIRECTOR (\$250) □ CELEBRITY (\$5,000	D BROADWAY BOUND (\$250)
□ PLAYWRIGHT (\$500) □ OTHER AMOUNT	☐ SHINING STAR (\$500)
□ SPOTLIGHT (\$750) \$	OTHER AMOUNT \$
All donors are acknowledged in our print and digital season Playbills. Donations do not include season tickets.	DONATION TOTAL: \$
DONORS, PLEASE ENTER YOUR NAME EXACTLY AS YOU WANT I	IT TO APPEAR IN OUR PLAYBILL INCLUDING ANY TITLES:
☐ I wish for my donation to remain anonymous ☐ Please m In HONO	nake my donation in HONOR/MEMORY of someone OR/MEMORY of (circle one)
Spartanburg Little Theatre is a non-profit corporation under the Internal Reve	enue Code section 501© (3). Donations over the cost of a season ticket are tax-deductible within the limits allowed by law.
STEP 4: PAYMENT Spartanburg Little Theatre ha	as a no refunds policy for all ticket purchases. All sales are final.
☐ Check enclosed in the amount of \$	
Billing Information (if different from contact information)	TOTALS
Address:	Total from Step 2 (Subscription):
City:State:Zip:	·
Name on Card	\$

## OPTIONAL STANDING SEATING RESERVATIONS

WHAT IS A STANDING SEATING RESERVATION? You sit in the same seats on the same performance day and time for ALL shows. Any deviation means that you should make your seating reservations through the ticket office after August 12.

**DO I HAVE TO HAVE A STANDING SEATING RESERVATION?** No. You can make your seating reservations for one show at a time, or for all shows at once through the ticket office after August 12.

**RENEWAL/REQUEST DEADLINE IS JULY 1.** Current standing seating reservations not renewed by July 1 will be released immediately for new requests. Changes for current subscribers will be booked in the order received between July 2-15. New subscriber requests will be booked in the order received between July 16-August 1.

PLEASE CHECK ONE OF THE FOLLOWING For current subscribers WITH a standing seating reservation:  I wish to renew my standing seating reservation WITHOUT changes.  I wish to renew my standing seating reservation WITH changes (seating, day/time).  I do NOT wish to renew my standing seating reservation and will make my own seating arrangements through the ticket office after August 12.
For current subscribers WITHOUT a standing seating reservation:  I would like to request a standing seating reservation.  I do NOT wish to request a standing seating reservation and will make my own seating arrangements through the ticket office after August 12.
For new subscribers:  I wish to request a standing seating reservation.  I do NOT wish to request a standing seating reservation and will make my own seating arrangements through the ticket office after August 12.
Complete the Information Below If you are REQUESTING A CHANGE to your current standing seating reservation or you are a <u>NEW SUBSCRIBER</u> making a standing seating request.
Changes are considered the following: <b>Seating,</b> or <b>Series of Dates,</b> or <b>Number of Tickets</b> Changes for current subscribers will be booked in the order received.
Choose day (choose either the 1st or 2nd weekend of performances):
1st Fri. 8 pm 1st Sat. 8 pm 1st Sun. 3 pm
2 <sup>nd</sup> Fri. 8 pm 2 <sup>nd</sup> Sat 3 pm 2 <sup>nd</sup> Sat 8 pm 2 <sup>nd</sup> Sun 3 pm
Preferred seating (location or seat number):
Please seat me with (name):
If unavailable, keep current seats? (circle one) YES NO
I require ADA accessible seating? (circle one) YES NO
Note on ADA ACCESSIBLE SEATING  Due to some adjustments to the Americans with Disabilities Act (ADA) compliance required in the Chapman Cultural Center Theater, only patrons with ADA mobility issues and mobility devices (i.e. walkers, wheelchairs, scooter, etc) will be eligible to request ADA seating this season. This is due to overwhelming feedback we've received from community members with disabilities voicing their frustration at not being able to attend performances due to a lack of accessible seating.
We always strive to provide the best possible experience for all our patrons and want to be as welcoming and inclusive as possible. Therefore, we kindly ask that if you do not require ADA seating and do not require mobility assistance, that you do not request those seats and take them from persons in need.
DELIVERY PREFERENCE:
□ Will call □ Mail □ Box office pick up (after August 12) □ Print at home
Current seating will be honored through through July 1. New seating requests will be confirmed after August 1
FOR OFFICE USE ONLY: ORDER DATE / / / CONFIRMATION/CHECK # STAFF INITIALS