



**2019/2020
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7 show season: SpongeBob Square Pants Nov 1-3, **A Bronx Tale** Nov 15-17, **Bandstand** Jan 3-5, **Waitress** Jan 17-19,
The Play that Goes Wrong Feb. 21-23, **Escape to Margaritaville** Mar. 20-22, **The Color Purple** May 8-10

	Orchestra 1	Orchestra 2	Orchestra 3	Lower Balc.	Upper Balc.
<input type="checkbox"/> Package A – 7 shows	___ x \$455	___ x \$413	___ x \$329	___ x \$329	___ x \$266
<input type="checkbox"/> Package B – 6 shows	___ x \$390	___ x \$354	___ x \$282	___ x \$282	___ x \$228
<i>Opt-out show:</i> _____					

Performance Day and Time - Fri 8:00 Sat 2:00 Sat 8:00 Sun 1:00 Sun 6:30

Renewing Season Subscribers and Contributors receive priority in seating requests, then by date received.

EXTRAS	CONTRIBUTION OPPORTUNITIES
<p>THE CHOIR OF MAN - Sat. April 4 @ 8pm Please list number of seats _____ x \$ _____ = _____</p> <p>*****</p> <p>RAIN – A TRIBUTE TO THE BEATLES Thurs. April 23 @ 7:30pm Please list number of seats _____ x \$ _____ = _____</p> <p>Member Pricing for CHOIR OF MAN and RAIN Tickets: Orch Ctr. \$68; Orch 1 \$65; Orch 2 \$59 Orch 3/Lo Bal \$47; Up Bal \$38</p>	<p>Please see brochure for complete benefits and tax deductible amounts</p> <p>Broadway Theatre League is a non-profit organization that greatly relies on individual contributors. Thank you for your support!</p> <p>___ Leading Role ___ Producer's Circle ___ Center Stage *\$5000 *\$2500 *\$1000</p> <p>___ Director ___ Spotlight ___ Ovation ___ Patron *\$750 *\$500 *\$250 \$100</p> <p>*Includes parking pass Other Amount \$ _____</p> <p>Student Outreach I would like to donate ___ \$15 to help 1 student or \$ _____ to help as many students as possible see a BTL show. FREE school shows THANKS to you!</p> <p>List in Playbill as _____</p>

PAYMENT (please total payment amount)

Season Ticket Total \$ _____	Check Enclosed (payable to Broadway Theatre League or BTL)
Extras \$ _____	Check # _____ Amount \$ _____
Contribution \$ _____	Credit Card: Visa MC Discover American Express
Lookout \$106/couple Fri & Sat Eve \$ _____	_____
Processing Fee \$ _____ 7.00	Card Number _____ Exp. Date _____
Total Amount Due \$ _____	Signature: _____

For credit card payments only check here to: Divide total into 3 payments (order must be received by August 1, 2019). Indicate fewer payments if desired. Cards processed the 1st of each month. Tickets mailed after final payment which is no later than October 1.