

2011 Apple Hill Playhouse Mainstage Season Ticket Order Form

Season Subscription Order Form

Available thru May 15

Passes will be held at the Box Office for pick up. We will happily mail out your passes in advance with a \$2 shipping payment

Thrifty Thursday Subscription

Available thru May 15

Passes will be held at the Box Office for pick up. We will happily mail out your passes in advance with a \$2 shipping payment

Flex Pass Order Form

Available thru May 15

Passes will be held at the Box Office for pick up. We will happily mail out your passes in advance with a \$2 shipping payment

Name _____

Address _____

Phone _____

E-Mail Address _____

Dates & Seating Preferences
If you prefer to choose dates on a show-by-show basis, call with your Season Pass Number

Name _____

Address _____

Phone _____

E-Mail Address _____

Dates & Seating Preferences
Please indicate 1st, 2nd or 3rd week of each show.

Name _____

Address _____

Phone _____

E-Mail Address _____

Once you have received your Flex Passes, you may call to reserve seats for any performance. There is a \$3.00 per ticket charge when redeeming for a musical.

of Season Passes _____ @ \$100.00

Order total: _____

Shipping (optional): _____ 2.00

Total: \$ _____

Method of Payment:
We accept MC, VISA, DISC or Checks payable to OPAC

Credit Card # _____

Exp. date SEC # Signature

Check # _____ Payable to OPAC

Send form & payment to:
Orchard Performing Arts Co.
Apple Hill Playhouse Box Office
PO Box 270
Greensburg PA 15601

of Season Passes _____ @ \$90.00

Order total: _____

Shipping (optional): _____ 2.00

Total: \$ _____

Method of Payment:
We accept MC, VISA, DISC or Checks payable to OPAC

Credit Card # _____

Exp. date SEC # Signature

Check # _____ Payable to OPAC

Send form & payment to:
Orchard Performing Arts Co.
Apple Hill Playhouse Box Office
PO Box 270
Greensburg PA 15601

of Flex Passes _____ @ \$58.00

Order total: _____

Shipping (optional): _____ 2.00

Total: \$ _____

Method of Payment:
We accept MC, VISA, DISC or Checks payable to OPAC

Credit Card # _____

Exp. date SEC # Signature

Check # _____ Payable to OPAC

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