



STEP 1: CONTACT INFORMATION

Name *

First Last

Address *

Mailing Address

City State Zip Code

Phone *

(____) _____ - _____
Area Code Extension

Email *

Note: Email is required for online ticket purchases and reservations

STEP 2: SUBSCRIPTION OPTIONS

5-Show Season Package

	REGULAR PRICE	SEASON PRICE	QUANTITY	TOTAL COST
General	\$165	\$150	X _____ =	_____
Senior (Age 55+)	\$140	\$125	X _____ =	_____
Student	\$140	\$125	X _____ =	_____
Military	\$140	\$125	X _____ =	_____
Child (Age 4-12)	\$115	\$100	X _____ =	_____

Subscription Total: _____

Donation: _____

Other: _____

TOTAL SALE: _____

STEP 3: PERFORMANCE DAY & TIME PREFERENCES

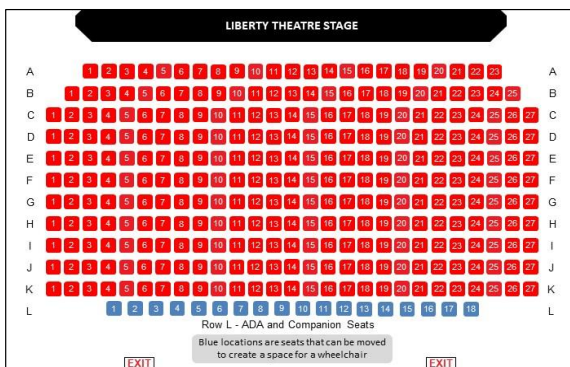
1st Choice Performance: Select Day and Time *

- Select Weekend* *Select Performance*
- 1st Weekend Friday Evening - 7:00pm
- 2nd Weekend Saturday Evening - 7:00pm
- Closing Weekend Sunday Matinee - 2:00pm

2nd Choice Performance: Select Day and Time *

- Select Weekend* *Select Performance*
- 1st Weekend Friday Evening - 7:00pm
- 2nd Weekend Saturday Evening - 7:00pm
- Closing Weekend Sunday Matinee - 2:00pm

STEP 4: SEAT SELECTION PREFERENCES



Seating Preference Section: *

- Front Section (Rows A, B, & C)
- Middle Section (Rows D, E, F, & G)
- Back Section (Rows H, I, J, & K)
- Wheelchair Accessible

Seating Preference Location: *

- House Left (seats 1 - 9)
- Center (seats 10 - 18)
- House Right (seats 19 - 27)

Additional Requests ¹

- I purchased a seat(s) through the Seat Campaign and would like to reserve that seat(s) if possible
- I would like to be on an aisle if possible
- I would like seats next to [list name(s)]: _____
- I have purchased wheelchair accessible seats and need space for ____ wheelchairs
- Other: (Please explain on the next page in comments. Be as detailed as possible with your seating needs and preferences)

¹ NOTE: We will do our best to accommodate specific requests but cannot guarantee a specific location or seat(s).

Season Ticket Order Form

2024/2025 Season

ManeStage Theatre Company
A Non-Profit Community Theatre



STEP 5: PAYMENT

Purchaser Name (if different from Subscriber)

Name *

First Last

Address

Mailing Address

City State Zip Code

Phone *

(____) _____ - _____
Area Code Extension

Email

Payment Details

CASH

CHECK Check # _____

CREDIT CARD

Name on Card * _____

Card Number * _____ - _____ - _____ - _____

Expiration Date * ____ / ____

CCV * _____

OTHER (Please explain): _____

Additional Comments:

Mail completed form to:
ManeStage Theatre Company
116 W Main
Puyallup, WA 98371

For ManeStage Use Only

PURCHASE METHOD: PHONE MAIL BOX OFFICE OTHER _____

PAYMENT TYPE: CASH CHECK (Check # _____) CREDIT CARD (Last 4 digits _____) OTHER _____

DATE PAID: _____ TIME: _____ COMPLETED BY: _____

SUBSCRIBER PACKET GIVEN/MAILED _____ TICKETS GIVEN/MAILED _____ THEATRE MANAGER UPDATED _____

* - Required Information