

I WANT TO SUBSCRIBE

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Evening Phone _____

E-mail Address _____

1) I Want to Attend on the Following Dates (check one)

- Fridays, Nov. 4, 2011 and Mar. 2, 2012
- Saturdays, Nov. 5, 2011 and Mar. 3, 2012
- Fridays, Nov. 11, 2011 and Mar. 9, 2012
- Saturdays, Nov. 12, 2011 and Mar. 10, 2012

2) I Want to Attend the *Christmas On the Air* on the Following Date and time (check one)

- Friday, December 2, 2011 at 8:00 p.m.
- Saturday *Afternoon*, December 3, 2011 2:00 p.m.
- Saturday *Evening*, December 3, 2011 8:00 p.m.

To be seated together, parties must enclose all reservations in one envelope
Please indicate any special seating considerations (wheelchair, etc.)

3) Number of Subscriptions _____ x \$28.00 = \$ _____

Service charge (per form submitted) \$ + 1.00

In addition to my subscription, I would like to support OCT with a tax deductible contribution \$ + _____

Total = \$ _____

4) Method of Payment (check one)

- Enclosed is my check made payable to
Okeechobee Community Theatre
- Please charge my credit card (check type below)
 - Visa
 - MasterCard
 - Discover

Card # _____ Exp. Date _____

Signature _____
(required for credit card orders)

**5) Mail to: Okeechobee Community Theatre
1414 S. Parrott Ave. #177, Okeechobee, FL 34974**

Orders must be received by October 6th, 2011

OFFICE USE ONLY

Date Rec. _____ Del. Date _____

Seat # _____ Chk # _____