



REGINA LITTLE THEATRE SOCIETY, INC.

1077 Angus Street, Regina, SK, S4T 1Y4

Box Office 306-779-2277

rt@sasktel.net

Season Ticket Membership Form 2018-2019

Name: _____ Telephone: _____

Address: _____ City: _____ Postal Code: _____

Email: _____

INITIAL THE APPROPRIATE BOX:

Initial here PRIVACY STATEMENT: I/We understand my/our personal information will be used by RLT for the purpose internal to RLT only, including mailings and statistical analysis.

Initial here ANONYMOUS DONATION: I/We have made a Charitable Donation of \$10.00 or more, and I/we wish to be listed in any RLT list of Donating Members only as "Anonymous".

I am a renewing member Yes I am a new member Yes

Initial here I wish to receive the newsletter electronically (by email) Please mail my tickets I will pick my tickets up at the box office

TICKET'S NIGHT	Wed, Thu, Fri, Sat	SEAT NUMBERS	Row	Seat(s)	TYPE:	Youth 18 and younger Student: SIAST, U of R etc.
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Adults	\$100.00	Seniors, Students & Youth	\$90.00
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Donation Amount:	
Subscription(s) <i>Above amount X number of Subscriptions:</i>	
Service Charge: \$1.00 per ticket	
Total:	

PLEASE MAKE YOUR CHEQUES PAYABLE TO:

THEATRE REGINA

FOR OFFICE USE ONLY – DO NOT WRITE ANYTHING BELOW THIS LINE – FOR OFFICE USE ONLY

Donation Amount	Membership Fee(s)	Season Ticket(s)	Service Charge	Total Amount
\$ <input type="text"/>	+ \$ <input type="text"/>	+ \$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>

CASH MASTERCARD VISA Debit/Interac Cheque # _____

Date Received: _____ YYYY MMM DD

Comments:

Clerk Initials: