

REGINA LITTLE THEATRE SOCIETY, INC.

1077 Angus Street, Regina, SK, S4T 1Y4 Box Office 306-779-2277 • rlt@sasktel.net

Season Ticket Membership Form 2021-2022

Little theatre, Big entertainment.

_____ Telephone:____ Name:___ Address:_____ City:____ Postal Code:_____ Email:

Please in	nitial the appropriate box:
INITIA	PRIVACY STATEMENT: I/We understand my/our personal information will be used by RLT for the purpose Initial here internal to RLT only, including mailings and statistical analysis.
INITIA	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".
	PLEASE CHECK: I am a renewing member YES OR I am a new member YES
	I wish to receive the newsletter electronically (by email) PLEASE CHECK: YES Please mail my tickets VES I will pick up my tickets at the box office
TICKET'S NIG	HT PLEASE CHECK: Wed Thu Fri Sat SEAT NUMBERS: Row Seat(s)
TYPE PLEASE CH	THECK: YES Adult YES Youth 18 and younger YES Student: SIAST, U of R, etc. YES Senior: 55+
	Adults \$100.00 Youth/Student/Seniors \$90.00
	Donation amount
	Subscription(s) The Subscription price multiplied by the number of Subscriptions:
	Service Charge: \$1.00 per ticket
	Total:
	PLEASE MAKE YOUR CHEQUES PAYABLE TO: Theatre Regina
FOR OFFI	ICE USE ONLY- DO NOT WRITE ANYTHING BELOW THIS LINE - FOR OFFICE USE ONLY
Donation Amount	Membership Season Service Charge Total Amount Fee(s) Ticket(s)
\$	+ \$ + \$ + \$ = \$
CASH	MASTERCARD VISA Debit/Interac Cheque #
Date Rece	eived: YYYY MMM DD
Comment	ts: Clerk Initials: