

2010 Season Subscription Order Form

Subscriber Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Email _____

- 1.) Series: 6-Show Premium Series (choose day of the week)
 3-Show *PNC Spotlight Series* (choose day of the week)
 3-Show Thursday Matinee Family Series
 3-Show Sunday Evening Series

- 2.) Day of Week:
Evening Tues Wed Thur Fri Sat
Matinee Sat Sun

3.) # of Seats: _____

4.) Seating Section:

- | | | |
|--|--|--|
| Main Floor | Balcony | |
| <input type="checkbox"/> Price Scale A & B | <input type="checkbox"/> Price Scale A | <input type="checkbox"/> Price Scale D |
| <input type="checkbox"/> Price Scale C | <input type="checkbox"/> Price Scale B | <input type="checkbox"/> Price Scale E |
| | <input type="checkbox"/> Price Scale C | <input type="checkbox"/> Price Scale F |

Fun Flex 3-Show Series

Fun Flex 3-Show Series are considered change requests and must be submitted in writing or online. No phone calls, please.

1.) Choose 3 shows, dates and times:

Show	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.) # of Seats: _____ (must be the same for all shows)

3.) Seating Section:

- | | |
|--|--|
| Main Floor | Balcony |
| <input type="checkbox"/> Price Scale A & B | <input type="checkbox"/> Price Scale A |
| <input type="checkbox"/> Price Scale C | <input type="checkbox"/> Price Scale B |
| | <input type="checkbox"/> Price Scale C |
| | <input type="checkbox"/> Price Scale D |
| | <input type="checkbox"/> Price Scale E |
| | <input type="checkbox"/> Price Scale F |

Go to pittsburghCLO.org to order online!

Payment

of seats _____ @ \$ _____ = Seat Total \$ _____

Yes, I would like to purchase Reserved Parking. - *Optional*
 (3-shows = \$21 - 6-shows = \$42) \$ _____

Yes, I would like to contribute to the CLO 2010 Season. - *Optional*
 Suggested tax-deductible gift \$50 or more. \$ _____

Handling Fee \$ 5.00

Grand Total \$ _____



Please provide an email address if you would like to receive a confirmation of this order and special offers.

(Allow up to four weeks for processing) Email: _____

Payment Type

- Check enclosed (payable to: Pittsburgh CLO)
 Charge to    

Account # _____

Exp. Date _____

Signature _____

Orders will be filled on a date-received basis. No refunds. Tickets will be mailed in April 2010.

Call the Subscription Hotline at 412-281-2822 or Fax to 412-281-1150

