

UACT Membership & Season Ticket Orders

<u>MEMBERSHIP LEVEL</u>	<u>QUANTITY</u>	<u>TOTAL</u>
PERFORMER'S CIRCLE (\$25) <i>(Cast and Crew Only)</i>	_____	\$_____
BRAVO (\$50)	_____	\$_____
ENCORE/FAMILY (\$100)	_____	\$_____
PRODUCER (\$150)	_____	\$_____
DIRECTOR/BUSINESS (\$250)	_____	\$_____
GOLD ANGEL (\$500)	_____	\$_____
MEMBERSHIP SUBTOTAL	_____	\$_____

SEASON TICKETS

(Does not include The Wizard of Oz or A Brothers Grimm Adventure)

\$60 per packet _____ \$_____

GRAND TOTAL \$_____

Credit Card Information

Visa

MasterCard

Discover

Card Number _____

Expiration Date _____ 3 Digit Code _____

Authorized Signature

UACT REGISTRY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

If you don't have an email, we will call you to set up your account to redeem your tickets

UACT

Mailing- P.O. Box 839 Roseburg, OR 97470

Physical- 1614 West Harvard Ave. Roseburg OR 97471

Phone- (541) 673-2125 **Email-** admin@uact-theatre.org

Website- www.uact-theatre.com