



For BLT use only Date received: _____ Payment received: _____ Season Tickets: _____ Membership: _____
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### 2014 Membership Levels – Our 53<sup>rd</sup> Season

Membership Level	# Season Packages	Price	Total
<input type="checkbox"/> Angel	6	\$1500	_____
<input type="checkbox"/> Star	6	\$1000	_____
<input type="checkbox"/> Benefactor	4	\$600	_____
<input type="checkbox"/> Patron	2	\$450	_____
<input type="checkbox"/> Sponsor	2	\$250	_____
<input type="checkbox"/> Active _____ Single _____ Family	n/a	\$20	_____
<input type="checkbox"/> Youth	n/a	\$10	_____
_____ Additional Season Ticket Packages (includes all 6 shows) at \$80 per package			_____
_____ 2014 New Year's Eve up-charge @ \$40 per Season Ticket (includes catered meal)			_____
_____ Additional tickets for New Year's Eve 2014 @ \$50 per tickets			_____
Purchase Total			_____

Please check which performance you prefer for season packages. Check one weekend and one day of the week.

- |                                                  |                                                 |
|--------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> 1 <sup>st</sup> weekend | <input type="checkbox"/> Friday night 8:00 PM   |
| <input type="checkbox"/> 2 <sup>nd</sup> weekend | <input type="checkbox"/> Saturday night 8:00 PM |
| <input type="checkbox"/> 3 <sup>rd</sup> weekend | <input type="checkbox"/> Sunday matinee 2:30 PM |

Name as you'd like it to appear on the membership listing: \_\_\_\_\_  
 Preferred method for receiving the newsletter \_\_\_\_\_ US Post \_\_\_\_\_ Online \_\_\_\_\_ Both  
 Special requests for seating (aisle seating, front row, prefer same seats as last season, etc....)  
 \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ Check (please make checks payable to Baytown Little Theater)

*For credit card purchases only, please complete the following information for the card holder.*

Cardholders Name: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return this form and payment to: ATTN: MEMBERSHIP/SEASON TICKETS  
 Baytown Little Theater  
 PO Box 2022  
 Baytown, TX 77522**