



CBTS Form

1. Information Updating:

(Update as necessary:)

<<Address Block>>

Name: _____

Address: _____

City, ST ZIP: _____

<<home phone>>

Home Phone: _____

<<day phone>>

Work Phone: _____

<<mobile phone>>

Mobile Phone: _____

<<email>>

Email (required): _____

How name should appear in program:

2. Order What: _____ Same Seats!

Notes to the Box Office:

Clarence Brown Theatre Society: Corporate

____ Distinguished Producer's Circle \$ 4500 (\$2575 is tax-deductible)
 10 Opening Night Subscriptions, VIP Parking
 ____ *include Studio Series* (+\$16 each) @ \$4660

____ Executive Producer's Circle \$ 3500 (\$1957 is tax-deductible)
 8 Opening Night Subscriptions, VIP Parking
 ____ *include Studio Series* (+\$16 each) @ \$3628

____ Producer's Circle \$ 2500 (\$1339 is tax-deductible)
 6 Opening Night Subscriptions, VIP Parking
 ____ *include Studio Series* (+\$16 each) @ \$2596

____ Director's Circle \$ 1500 (\$721 is tax-deductible)
 4 Opening Night Subscriptions, VIP Parking
 ____ *include Studio Series* (+\$16 each) @ \$1564

____ Patron's Circle \$ 1100 (\$703 is tax-deductible)
 2 Opening Night Subscriptions, VIP Parking
 ____ *include Studio Series* (+\$16 each) @ \$1132

Clarence Brown Theatre Society: Individual

____ Producer's Circle \$800 (\$594 is tax-deductible) [Includes VIP Parking]
 1 Opening Night Subscription
 ____ *include Studio Series* (+\$16 each) @ \$816

____ Director's Circle \$550 (\$344 is tax-deductible) [Includes VIP Parking]
 1 Opening Night Subscription
 ____ *include Studio Series* (+\$16 each) @ \$566

____ Patron's Circle \$425 (\$234 is tax-deductible)
 1 Opening Night Subscription
 ____ *include Studio Series* (+\$16 each) @ \$441

____ Rising Star \$325 (\$134 is tax-deductible)
 1 Opening Night Subscription
 ____ *include Studio Series* (+\$16 each) @ \$341

3. Calculation

- | | | |
|--|-----------------|--|
| a. Subtotal from Step 2 | _____ | |
| b. Shipping & Handling | \$ 3.00 | |
| c. \$35 (or other) tax deductible donation to the Theatre Enrichment Fund (optional) | _____ | |
| d. Grand Total | \$ _____ | |

4. Payment Information

____ Check enclosed made payable to the University of Tennessee

____ Charge to: ___ VISA
 ___ MasterCard
 ___ Discover

_____ - _____ - _____ - _____

Exp. Date _____ / _____ 3-Digit Code _____

Signature _____