



California Conservatory Theatre of San Leandro

Name: _____
Address: _____
City & Zip: _____
Phone: _____
email: _____

Subscribe by returning this entire form to: **CCT, P.O. Box 894, San Leandro, CA 94577**

Assistance by phone: **(510) 632-8850**
 or by email: **CCTofSL@yahoo.com**

****Please make sure the above information is correct.****

Season Series #	Row/Seat	Total Cost
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Series #		Regular Tix	# ____ @ \$99 each	\$
Series #		Senior 62+	# ____ @ \$90 each	\$
Series #		Student Tix	# ____ @ \$90 each	\$

Only 50% of the cost of theatre is covered by ticket sales.
 Your tax-deductible donation helps fill that gap!

Subscription Total \$ _____

Donation \$ _____

All change requests are handled on a first-come, first-serve basis.

Total enclosed \$ _____

SUBSCRIPTION OPTIONS

I know exactly what I want & I have expressed my wants below.

I would like for you to choose the best seats for me on the Series I have selected.

Tell us what you would like (Please keep in mind that seats cannot be guaranteed, but we'll do our best!)

***All requests are handled on a first come, first serve basis. Please specify if you would like a particular row and/or seat. Without specification we will issue the best seats possible.

PAYMENT INFORMATION

Support CCT and help us avoid credit card fees.
 Please consider paying by check.

My check is enclosed or charge my
 Visa MasterCard

Name on card (Please print clearly)

Account # _____ Expires _____

Signature

Please mail my tickets to me at the above address.

Please place my tickets in Will Call, under my name, and mail me a confirmation.

To purchase season tickets please select a series from the below grid. If you find you will not be able to make all of the shows we allow our season subscribers to exchange any of their tickets for any performance during the run (we require 24 hours notice of an exchange). All season ticket sales are final.

To order your tickets complete the enclosed form and return it to:

CCT
P.O. Box 894
San Leandro, CA 94577

If you have questions and/or concerns please contact us:

Website www.CCT-SL.org
 Email CCTofSL@yahoo.com
 Telephone (510) 632-8850

SEATING CHART															
Row 5	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Row 4	A	B	C	D	E	F	G			H	I	J	K	L	M
Row 3	A	B	C	D	E	F	G			H	I	J	K	L	M
Row 2	A	B	C	D	E	F	G			H	I	J	K	L	M
Row 1	A	B	C	D	E	F	G			H	I	J	K	X	Y
STAGE															

2009-10 Performance Schedule	FRI 8pm	SAT 8pm	SUN 2pm	FRI 8pm	SAT 2pm	SAT 8pm	SUN 2pm	FRI 8pm	SAT 2pm	SAT 8pm	SUN 2pm	FRI 8pm	SAT 2pm	SAT 8pm	SUN 2pm
Series #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
New Wrinkles	Sept 18	19	20	25	26	26	27	Oct 2	3	3	4	9	10	10	11
Eleemosynary	Nov 13	14	15	20	21	21	22	Dec 4	5	5	6	11	12	12	13
Incorruptible	Feb 5	6	7	12	13	13	14	19	20	20	21	26	27	27	28
Shakespeare (abridged)	Apr 2	3	4	9	10	10	11	16	17	17	18	23	24	24	25
Glass Menagerie	June 4	5	6	11	12	12	13	18	19	19	20	25	26	26	27