

## 2019-2020 Season Membership Form

FIRST Name:			LAST Name:	
Name(s) to appear in the program: (Please Print)				
Home Address:				Home #:
City: State:			Zip:	Cell #:
Would	you like to receive ema	il notificati	ons of upcoming events, auditions or an e-mail and would like to rese	, and tickets sales? YES NO erve my seats by phone prior to each show.
Membership Levels:				
	CHECK ONE: (If you wish to buy more than one membership, submit on a separate form)			
	Student	\$20	1 Child/Student Season Pa	SS
	☐ Individual	\$50	1 Adult Season Pass	
	Friend	\$90	2 Adult Season Passes	
	Family	\$110	2 Adult Season Passes, plu (May add up to 3 additional Child	
		\$	= number of additional kids	X \$10 each
	Patron	\$150	4 Adult Season Passes	
	Silver	\$250	6 Adult Season Passes	
	Gold	\$300	8 Adult Season Passes	
	Diamond	\$500	16 Adult Season Passes	
Please enclose your check payable to: <b>RUSTON COMMUNITY THEATRE</b> P.O. Box 456 Ruston, LA 71273				
				For RCT use:
Season Membership Form			Paid by	: Cash CC Check #
www.rctruston.org				Passes issued