AURORA PLAYERS, INC. - ORDER FORM

Memberships-Season Tickets-Gifts

Please send this entire sheet to:
Aurora Players, Membership/Ticket chair, P O Box 206, East Aurora, NY 14052.
For Information or Reservations, please call 716-687-6727

For Gift packages below, please note whether you want gift mailed to you, or to the recipient.

MEMBER/BUYER: _____Phone _____
(Important! Patrons, please print name exactly as you'd like it in the program)
Address_____
City_____State_____ Zip_____
Email address if you want to include: _____

ANNUAL MEMBERSHIP -- -- -- -- -- **$** _____
____ **$ 8 Student Membership** (18 and younger)
____ **$10 Single Membership**
____ **$15 Couple/Family Membership**

PATRON MEMBERSHIPS -- -- -- -- -- **$** _____
____ **$ 85 Patron Membership**
____ **$ 160 Sustaining Patron Membership**
____ **$ 300 Friend Membership**
____ **$ 500 Supporting Friend Membership**
____ **$1000 Leading Friend Membership**

SEASON TICKET PACKAGES -- -- -- -- **$** _____
____ **$ 34 Single Ticket Package**
____ **$ 64 Double Ticket Package**

GIFTING OPPORTUNITIES
____ **Gift Certificate(s) at $10 each x** _____ -- -- **$** _____
(Available in any quantity) (How many)
____ **Single Season Ticket Package** -- -- -- **$** _____
____ **Double Season Ticket Package** -- -- -- **$** _____
____ **Patron Membership Package** – Level _____ **$** _____
____ **Annual Membership Only** Student Single Couple/Family
(Circle Selection) -- -- -- -- **$** _____

TOTAL AMOUNT ENCLOSED: (Payable to Aurora Players) $ _____

MAIL GIFT FOLIO AND SELECTION to (check one):

____ ***BUYER*** (Above) OR ____ ***GIFT RECIPIENT*** (Below)

Gift Recipient Name_____Phone _____
(Address needed for mailing of tickets & announcements prior to upcoming shows during the season)
Address _____
City_____State_____ Zip_____
(For additional gift recipients, use back of this form or feel free to photo copy)