

BROADWAY

COMES TO RENO!



SUBSCRIBING IS EASY!

MAIL or **BRING** your order form to:

Pioneer Center • 100 S. Virginia Street • Reno NV 89501
Box Office Hours, Mon. - Fri., 11am-6pm

FAX 775-686-6624 • CALL 775-686-6609

ONLINE www.PioneerCenter.com

TELL US ABOUT YOU

- I am a RENEWING Subscriber**
Renewal Deadline is **Monday, May 17**
- I am a NEW Subscriber**
For best seating, **ORDER NOW!** Orders processed by date received.

RENEWAL OPTIONS NEW SUBSCRIBERS, PLEASE SKIP THIS STEP

Please select Option 1 or Option 2

- Option 1: Exact Renewal** - Keep your same seats
- Option 2: Custom Renewal*** (Leave space blank if not applicable)
 - Seat Upgrade: Better seats, same price level.
 - Quantity Change: I would like to change my number of seats to: _____
 - Price Level Change: Please Change to Level 1 Level 2 Level 3
 - Series Change: Please Change my series to
 - Opening Night Act I Act II Act III Encore
 - Check if you require accessible seating. # of seats: _____

*Changing your seat quantity, price level, or series may affect your seating location.

SELECT YOUR SERIES / PERFORMANCE DATES, TIMES AND PRICE LEVEL

★ 5 SHOW PREMIERE

- Disney's Beauty & The Beast*
- Legally Blonde*
- A Chorus Line*
- Fiddler On The Roof*
- Riverdance*

	<input type="checkbox"/> OPENING NIGHT			<input type="checkbox"/> ACT I			<input type="checkbox"/> ACT II			<input type="checkbox"/> ACT III			<input type="checkbox"/> ENCORE		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375	<input type="checkbox"/> \$300	<input type="checkbox"/> \$225	<input type="checkbox"/> \$350	<input type="checkbox"/> \$275	<input type="checkbox"/> \$200
	Fri, Nov. 5, 8pm			Sat, Nov. 6, 2pm			Sat, Nov. 6, 8pm			Sun, Nov. 7, 2pm			Sun, Nov. 7, 7pm		
	Fri, Jan. 28, 8pm			Sat, Jan. 29, 2pm			Sat, Jan. 29, 8pm			Sun, Jan. 30, 2pm			Sun, Jan. 30, 7pm		
	Fri, Feb 18, 8pm			Sat, Feb. 19, 2pm			Sat, Feb. 19, 8pm			Sun, Feb. 20, 2pm			Sun, Feb. 20, 7pm		
	Fri, Apr. 22, 8pm			Sat, Apr. 23, 2pm			Sat, Apr. 23, 8pm			Sun, Apr. 24, 2pm			Sun, Apr. 24, 7pm		
	Fri, May 20, 8pm			Sat, May 21, 2pm			Sat, May 21, 8pm			Sun, May 22, 2pm			Sun, May 22, 7pm		

4 SHOW CLASSIC

Includes *Legally Blonde*, *A Chorus Line*, *Fiddler On The Roof* and *Riverdance*. Does NOT include *Disney's Beauty & The Beast*

	<input type="checkbox"/> OPENING NIGHT			<input type="checkbox"/> ACT I			<input type="checkbox"/> ACT II			<input type="checkbox"/> ACT III			<input type="checkbox"/> ENCORE		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
	<input type="checkbox"/> \$300	<input type="checkbox"/> \$240	<input type="checkbox"/> \$180	<input type="checkbox"/> \$300	<input type="checkbox"/> \$240	<input type="checkbox"/> \$180	<input type="checkbox"/> \$300	<input type="checkbox"/> \$240	<input type="checkbox"/> \$180	<input type="checkbox"/> \$300	<input type="checkbox"/> \$240	<input type="checkbox"/> \$180	<input type="checkbox"/> \$280	<input type="checkbox"/> \$220	<input type="checkbox"/> \$160

YOUR CURRENT SUBSCRIPTION INFORMATION IS:

TOTAL YOUR ORDER

★ 5 - SHOW PREMIERE x \$ = \$

of Seats Price Subtotal

4 - SHOW CLASSIC x \$ = \$

of Seats Price Subtotal

Subscription package price includes all taxes, fees and service charges. Prices, shows, schedules and artists subject to change. Payments processed when orders are received. All sales are final, no refunds. Season tickets will be mailed prior to first performance.

Handling Charge + **\$8.00**

TOTAL =

PAYMENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL ADDRESS _____

Enclosed is my check payable to **Pioneer Center** check# _____

Please charge the full amount to my: Visa MasterCard

CARD NUMBER _____ EXP DATE _____

LAST 3 DIGITS [_____]

NAME ON CARD _____

X _____

SIGNATURE _____

