

**2008-2009 Sampson CenterStage Performing Arts Series  
Ticket Ordering Information**

**Box Office 910.592.7200**

**[www.sampsoncenterstage.com](http://www.sampsoncenterstage.com)**

Instructions: Please print this document and use the appropriate order form(s) for the type tickets that you wish to purchase. This form provides Box Office staff with information required to properly process your ticket order and must accompany all ticket orders.

Please contact the Sampson CenterStage Box Office at 910.592.7200 with questions or to place ticket orders by telephone. Currently, only single performance tickets may be ordered online at [www.sampsoncenterstage.com](http://www.sampsoncenterstage.com).

**Yes, I would like to become a *Friend of Sampson CenterStage* sponsor, season ticket subscriber or purchase single performance tickets for the 2008-2009 Season.**

(Please type or print clearly)

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(\* Denotes Information Required to Process Ticket Orders.

**Please make checks payable to: Sampson CenterStage Box Office**

**Mail to: Sampson CenterStage Box Office, 414 Warsaw Road, Clinton, NC 28328**

Box Office  
910.592.7200

2008-2009 Sampson CenterStage Performing Arts Series  
Season Ticket Order Form

Season Tickets on sale Monday, September 8, 2008

www.sampsoncenterstage.com

**Season Ticket Packages including all Seven performances and Diner's Club Event dinners**

Sampson Circle/Dress Circle	\$360	X	Quantity _____	\$ _____
Orchestra	\$340	X	Quantity _____	\$ _____
Gallery	\$320	X	Quantity _____	\$ _____
Total Enclosed for Season Ticket(s) including dinners				\$ _____

**Season Ticket Packages (Performance Tickets only; excluding dinners)**

Sampson Circle/Dress Circle	\$185	X	Quantity _____	\$ _____
Orchestra	\$165	X	Quantity _____	\$ _____
Gallery	\$145	X	Quantity _____	\$ _____
Season Ticket Total Enclosed				\$ _____

Please Make checks payable and mail to: Sampson CenterStage Box Office, 414 Warsaw Road, Clinton, NC 28328

Method of Payment: \_\_\_\_\_ Check \_\_\_\_\_ American Express \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_