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TOTAL =



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- RENEWING Subscriber Renewal Deadline is Friday, May 26
- NEW Subscriber For best seating, ORDER NOW! Orders processed by date received.













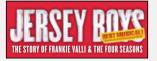
7:30pm

AT THE CORONADO

SELECT YOUR SERIES AND PRICE LEVEL

6 - Show Series	■ \$370.00	□ \$275.00	□ \$200.00
Dirty Dancing	Frid	ay, October 27, 201	7 7:30pm
Christmas Wonderland	Frida	y, December 8, 201	7 7:30pm
Jay Owenhouse	Saturd	ay, January 20, 201	8 8:00pm
Riverdance	Sunda	y, February 25, 201	8 7:00pm
Jersey Boys*	Sat	urday, April 21, 201	8 2:00pm
	Sat	urday, April 21, 201	8 8:00pm
Cinderella	Tu	esday, May 15, 201	8 7:30pm
5 - Show Series	□\$300.00	\$225.00	□\$165.00
Christmas Wonderland	Frida	y, December 8, 201	7 7:30pm
Jay Owenhouse	Saturda	ay, January 20, 201	8 8:00pm
Riverdance	Sunda	y, February 25, 201	8 7:00pm
Jersey Boys*	Sat	urday, April 21, 201	8 2:00pm
	Sat	urday, April 21, 201	8 8:00pm

Choose Your Performance of Jersey Boys*



Saturday, April 21, 2018

☐ 2:00pm ☐ 8:00pm

*Jersey Boys contains authentic, profane Jersey language.

SCRIBING IS EASY!

ONLINE MAIL

CoronadoPAC.org

your order form to:

BMO Harris Center Box Office 300 Elm Street Rockford, IL 61101

CALL FAX

815-968-0595 815-380-6403



TOTAL YOUR ORDER

subject to change. Payments processed when orders are received. All sales are final, no refunds. Season

tickets will be mailed prior to first performance

☐ 6 - Show Series	# of Seats	\$ =	Subtotal
☐ 5 - Show Series	# of Seats	\$ Price	Subtotal
Subscription package price includes service charges. Prices, shows, scher		Handling Charge	+ \$5.00

CUSTOMER ACCOUNT NUMBER (OFFICE USE ONLY)

RENEWAL	OPTIONS	New subscribers, p
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RENEWAL OPTI	IONS New subscribers, plea	ase skip this step
□ Option 2: Custom Re □ Seat Upgrade: Better s □ Quantity change: I wo □ Price Level Change: P □ Check if you require a	uld like to change my number	k if not applicable) of seats to: L 2
PAYMENT INFO	DRMATION	
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	
EMAIL ADDRESS		
☐ Enclosed is my check payable to C	Coronado Performing Arts Center (CPA	C) check#
Please charge the full amount to m	ny:	☐ Discover ☐ AMEX
CARD NUMBER NAME ON CARD		EXP. DATE
IVAIVIL OIV CARD		







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