



Star Players Membership Form ~ 2025 – 2026 Season

Name _____ Phone _____

Address _____ Email Address _____

Membership Levels:

<u>Stagehand:</u> \$30	<u>Cast Member:</u> \$50	<u>Shining Star:</u> \$100	<u>Director:</u> \$250	<u>Producer:</u> \$500+
Discounted* Tickets	Discounted* Tickets	Discounted* Tickets	Discounted* Tickets	Discounted* Tickets
4 Free	4 Free	6 Free Popcorn	8 Free Popcorn	10 Free
	4 Free Beverages	6 Free Beverages	8 Free Beverages	10 Free Beverages
			50% Off 1 Private	1 Free Private Movie Rental

**Discounted tickets apply to the regular season only. Special events may vary from standard pricing.*

Membership Level: _____ Name as you wish it to appear in program: _____

Payment Amount: _____

Payment Type:

- ☐ Cash ☐ Check (Check # _____)
☐ Online by credit card at startheatre.org
☐ In person by credit card, cash, or
 check at Membership Drive or the Star

Make checks payable to: Star Players, Inc.

Mail to: Star Players, Inc.

121 W. Wyandot Ave.

Upper Sandusky, Ohio 43351

Star Players, Inc. is a 501c3 nonprofit, and your charitable contribution may be tax deductible. Please note if you need a receipt.

For Star use only: Received by Mail _____ Rally in the Alley _____

Please return this form with your payment by May 31, 2025.