

SUBSCRIPTION FORM 2017 -2018 SEASON

Requests will be honored by postmark date.
Current tickets will be held until June 15, 2017.

CURRENT SUBSCRIBER

Same Seat, Same Day **Changes**

NEW SUBSCRIBER **FLEXTICKET HOLDER**

PICK A DAY

Thursday 8pm Friday 8pm Saturday 8pm Sunday 2pm

PICK A PRICE

Adult

6 Shows @ \$114.00

5 Shows @ \$95.00

Student/Senior (65+)/Military

6 Shows @ \$90.00

5 Shows @ \$75.00

PICK 6 OR 5 SHOWS

Shiloh Rules

33 Variations

Quartet

Sex with Strangers

Lucky Stiff

Casa Valentina

INDICATE COST

Subscription quantity = Total Cost

Adult 6 shows @ \$114.00 X _____ = \$ _____

S/S/M 6 shows @ \$ 90.00 X _____ = \$ _____

Adult 5 shows @ \$ 95.00 X _____ = \$ _____

S/S/M 5 shows @ \$ 75.00 X _____ = \$ _____

10 SEAT FLEXTICKET

Adult FlexTicket @ \$190.00 X _____ = \$ _____

S/S/M FlexTicket @ \$150.00 X _____ = \$ _____

ADDITIONAL GIFTS

Producer @ \$200.00 each X _____ = \$ _____

Director @ \$125.00 each X _____ = \$ _____

Designer @ \$75.00 each X _____ = \$ _____

Sponsor @ \$50.00 each X _____ = \$ _____

Patron @ \$35.00 each X _____ = \$ _____

Program listing for donors to read (please print clearly):

ENCLOSED TOTALS

Membership w/ News & Cues @ \$10 X _____ = \$ _____

Total of Subscription, Gifts & Membership \$ _____

Name _____

Address _____

City/State/Zip _____

Evening Phone _____

Email Address _____

MC/VISA/Disc. Card # _____

Expiration Date _____ Security Code _____

Signature _____

Make Checks Payable to **The Colonial Players, Inc.** and mail with subscription form to: The Colonial Players, Inc. / Subscriptions / 108 East St. / Annapolis, MD 21401

MC/VISA/Discover Card # _____

Exp. Date _____ Security Code _____

Signature _____

Make checks payable to The Colonial Players, Inc., and mail to:
Subscriptions, The Colonial Players, Inc., 108 East St., Annapolis, MD 21401

Requests:

Name _____

Address _____

City/State/Zip _____

Evening Phone _____

Colonial Players' Use Only

Week/Day _____

Seats _____

FlexTicket Order # _____ # of passes _____

FlexTicket Amount _____ Date Rec'd _____

Subscription Amount _____ Date Rec'd _____

Gift Amount _____ Check # _____

Membership Amount _____

Processed by _____

Order # _____ Entered By _____

Date Received _____