



2010-2011 Subscription Renewal

Subscription renewals must be received by June 18 in order to retain your same seats. New subscriptions will be accepted beginning June 25.

1. SUBSCRIBER INFORMATION:

Full Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email — Help us serve you even better by including your Email address. Email required to email tickets; addresses are never shared.

2. GROUPS:

In order to facilitate ticket exchanges and to provide group members with their full subscription benefits **WE NEED SUBSCRIBER INFORMATION FROM EVERY GROUP MEMBER.** Groups must either:

Fill out one subscription AND a group member contact form - OR -

Have every group member fill out their own subscription form and submit them together for seating.

Group Name: _____

I'm the group coordinator/leader I've enclosed a group contact form

I am subscribing with a group; please set me with the group listed above

I give the group leader permission to exchange my tickets on my behalf

3. TICKET ORDER:

Subscribers—the life blood of our theatre family—always receive 10% off single ticket prices. However, **ticket prices only cover 59% of the cost of bringing great literature to the stage**—we rely on the generosity of our patrons' donations to make up the difference. Below each subscription package we have noted the ticket value along with a suggested donation amount to cover the 41% difference. We hope you will consider making a donation so that, together, we can continue to bring the best literature to the stage and keep our mission of “inspiring audiences to read” alive and thriving.

5-PLAY SUBSCRIPTIONS

Opening Night Subscription(s) # _____ @ \$189.00 = \$ _____
(\$320 value, \$131 suggested donation)

Premium Subscription(s) # _____ @ \$162.00 = \$ _____
(\$275 value, \$113 suggested donation)

Please choose Sat Eve Sun Matinee

Standard Subscription(s) # _____ @ \$144.00 = \$ _____
(\$244 value, \$100 suggested donation)

Please choose Wed Eve Thurs Eve Fri Eve Sat Matinee

Preview Subscription(s) # _____ @ \$99.00 = \$ _____
(\$168 value, \$69 suggested donation)

DATES: I prefer these specific dates (optional)

SEATING: I am changing my subscription night & know I am not guaranteed to retain my current seats.

Front Back Aisle No Stairs Wheelchair

Please seat me with:

Email my tickets Hold at will call Mail my tickets

ADDITIONAL TICKETS See Season Calendar for dates and prices

Show/Date: _____ # _____ @ \$ _____ /tk = \$ _____

Show/Date: _____ # _____ @ \$ _____ /tk = \$ _____

Show/Date: _____ # _____ @ \$ _____ /tk = \$ _____

Please move my subscription seats if necessary to seat me with the single tickets above.

4-PLAY SUBSCRIPTIONS

Choose 4: *The Cider House Rules, Part Two* *Red Ranger Came Calling*
 Great Expectations *Prairie Nocturne* *Border Songs*

Opening Night Subscription(s) # _____ @ \$151.20 = \$ _____
(\$256 value, \$105 suggested donation)

Premium Subscription(s) # _____ @ \$129.60 = \$ _____
(\$220 value, \$90 suggested donation)

Please choose Sat Eve Sun Matinee

Standard Subscription(s) # _____ @ \$115.20 = \$ _____
(\$195 value, \$80 suggested donation)

Please choose Wed Eve Thurs Eve Fri Eve Sat Matinee

Preview Subscription(s) # _____ @ \$79.20 = \$ _____
(\$134 value, \$55 suggested donation)

PAYMENT:

Ticket total = \$ _____

Handling Fee = # of Subs _____ x \$5 each \$ _____

Check Enclosed Donation, Thank You! = \$ _____
payable to Book-It **TOTAL = \$ _____**
Repertory Theatre

Visa

MasterCard

Name on Card _____

CC number _____

Exp. Date _____ CVV code _____

Signature _____

Mail form and payment to: Book-It Box Office, 305 Harrison Street
Seattle, WA 98109. **Questions? Call the Box Office at 206.216.0833**

FOR OFFICE USE:			
LOG	PS	CHK#	AMT
TT	DEVO	CC	AMT