

# 2017/18 Subscription Order Form

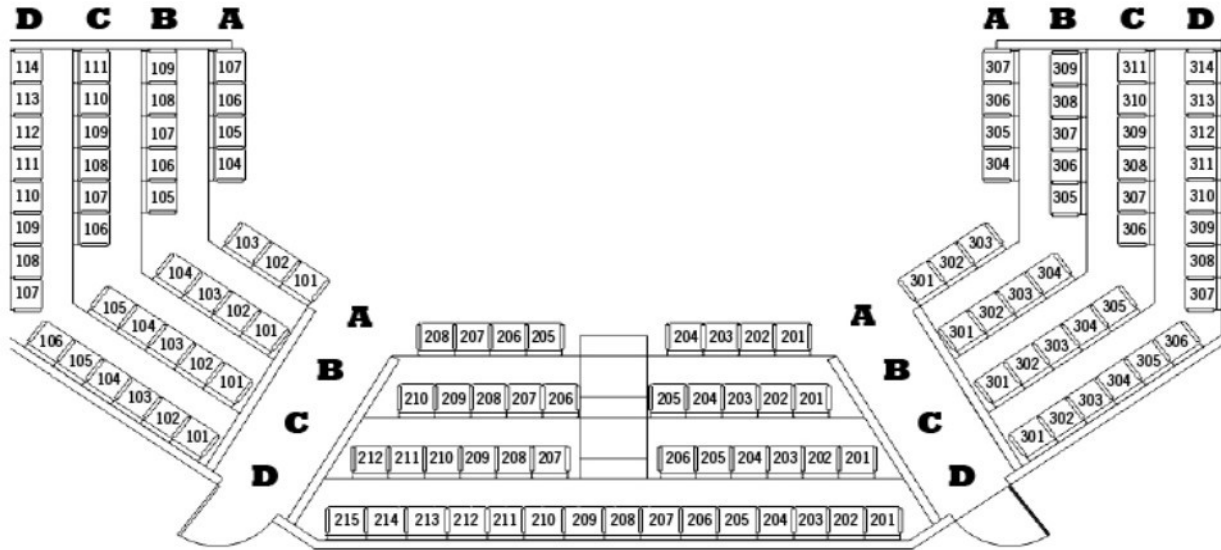
Please complete all information and return to:  
 Capital Stage  
 2215 J Street  
 Sacramento, CA 95816  
 — or —  
 subscribe online at capstage.org

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**MY TICKETS WILL BE:**

LEFT AT WILL CALL

MAILED TO MY HOME



I require aisle seating     I require wheelchair accessible seating     I require front row seating

PLAN	PREVIEW	MIDWEEK	OPENING NIGHT	MATINEE	FLEX TICKET	FRI & SAT EARLYBIRD	
<b>YOU SAVE</b>	9%	Up to 37%	24%	Up to 32%	Up to 20%	Up to 28%	
<b>PRICE</b>	\$80	\$96	\$136	\$104	\$128	\$116	
<b>MARK <input checked="" type="checkbox"/> YOUR SERIES</b>	<input type="checkbox"/> 1st Wed <input type="checkbox"/> 1st Thurs <input type="checkbox"/> 1st Fri	<input type="checkbox"/> 2nd Wed <input type="checkbox"/> 3rd Wed <input type="checkbox"/> 4th Wed <input type="checkbox"/> 5th Wed	<input type="checkbox"/> 2nd Thurs <input type="checkbox"/> 3rd Thurs <input type="checkbox"/> 4th Thurs <input type="checkbox"/> 5th Thurs	<input type="checkbox"/> Always the 1st Saturday (Includes post show reception)	<input type="checkbox"/> 1st Sun <input type="checkbox"/> 2nd Sun <input type="checkbox"/> 3rd Sun <input type="checkbox"/> 4th Sun <input type="checkbox"/> 5th Sun	<input type="checkbox"/> Pick your dates as you go or choose your dates in advance (Excludes Opening Night)	<input type="checkbox"/> 2nd Fri <input type="checkbox"/> 2nd Sat <input type="checkbox"/> 3rd Fri <input type="checkbox"/> 3rd Sat

① Season Ticket Price:  
 Cost \_\_\_\_\_ x \_\_\_\_\_ people = \$ \_\_\_\_\_

② Add 4 show Parking Pass — \$12 = \$ \_\_\_\_\_

③ Add Holiday Show tickets —  
 \$33.50 x \_\_\_\_\_ people = \$ \_\_\_\_\_  
 \$28.50 x \_\_\_\_\_ people (Preview) = \$ \_\_\_\_\_

④ Here is my tax deductible contribution = \$ \_\_\_\_\_

⑤ Handling Fee — \$4 x \_\_\_\_\_ people = \$ \_\_\_\_\_

⑥ Total Due: Add line 1,2,3,4, and 5 = \$ \_\_\_\_\_

Payment Enclosed      Check # \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      CVV/CVC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



BOLD.

INTIMATE.

LIVE.