

2017/18 Subscription Order Form

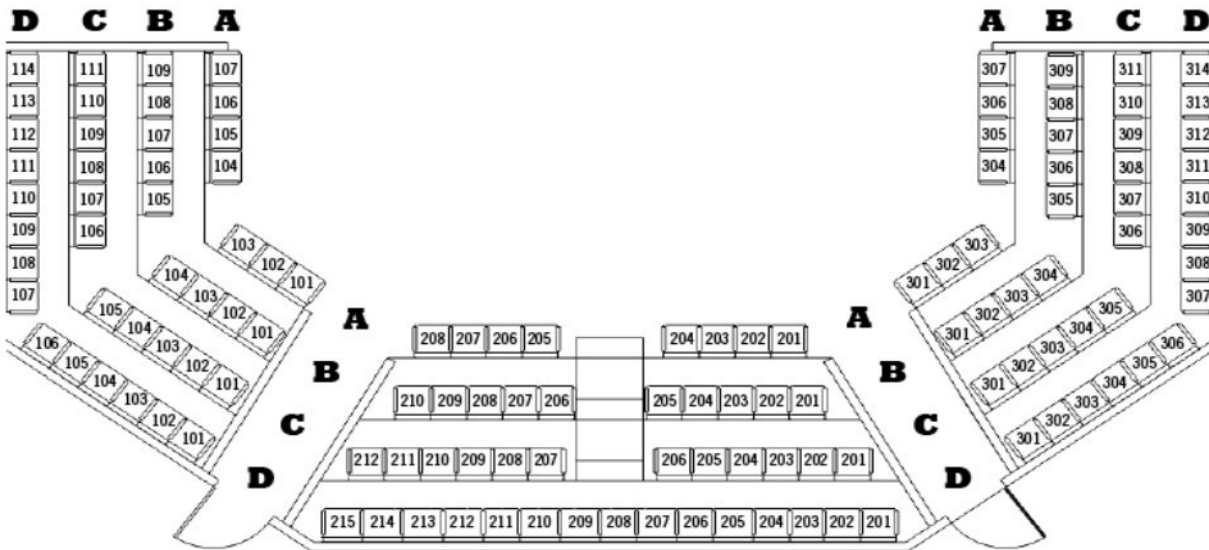
Please complete all information and return to:
 Capital Stage
 2215 J Street
 Sacramento, CA 95816
 To renew your subscription call 916.995.5464
 — or —
 renew online at capstage.org

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Email: _____

MY TICKETS WILL BE:

LEFT AT WILL CALL

MAILED TO MY HOME



- I am a new subscriber
- I am a returning subscriber. Please reserve my existing seats in the same series.
- I am a returning subscriber. Please improve my existing seats in the same series.
- I am a returning subscriber but I would like to change my series with best seats available.

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
YOU SAVE	9%	Up to 37%	24%	Up to 32%	Up to 20%	Up to 28%
PRICE	\$120	\$144	\$204	\$156	\$192	\$174
MARK YOUR SERIES	<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)

- 1 Season Ticket Price:
 Cost _____ x _____ people = \$ _____
- 2 Add 6 show Parking Pass — \$18 = \$ _____
- 3 Add Holiday Show tickets —
 \$33.50 x _____ people = \$ _____
 \$28.50 x _____ people (Preview) = \$ _____
- 4 Here is my tax deductible contribution = \$ _____
- 5 Handling Fee — \$6 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: _____