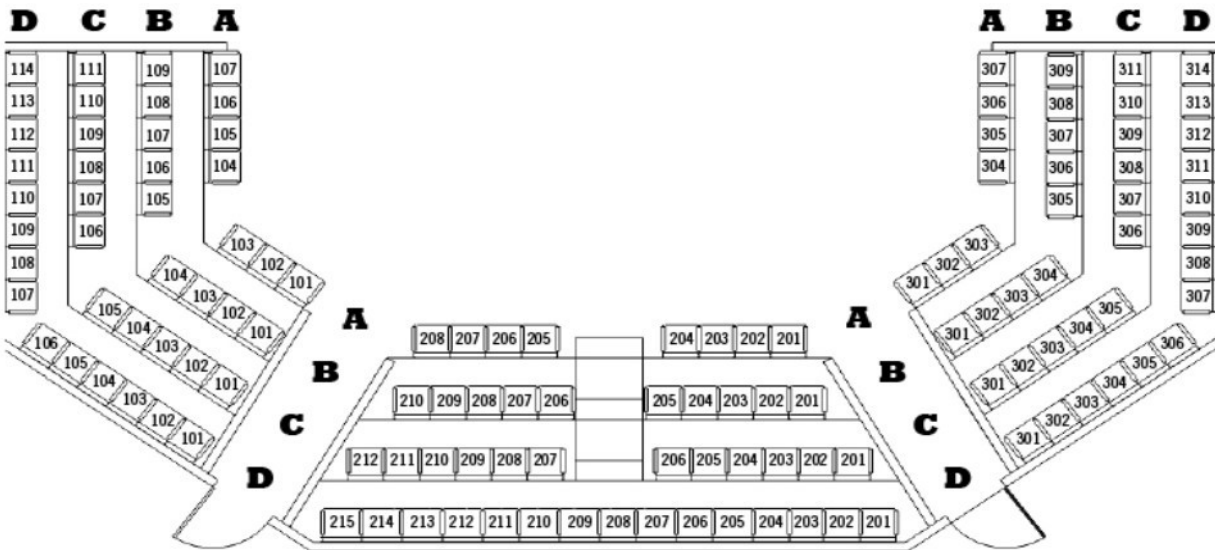


2018/19 Three Show Subscription Form

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: _____

**Tickets will be available
to pick up at Will Call**



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

PLAN	3 Shows	VIETGONE	THE OTHER PLACE	THE ROOMATE
Flex Ticket—Choose your dates as you go or pick them all at once. (excludes Opening Night)	\$96	MAR 13- APR 14	MAY 1 - JUN 2	JUN 19 - JUL 21

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

② Add Season Parking Pass — \$9.00 = \$ ____

③ Here is my tax deductible contribution = \$ ____

④ Handling Fee — \$7.00 x ____ people = \$ ____

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

Payment Enclosed Check # _____

Credit Card Number: _____

Expiration Date: _____ CVV/CVC: _____

Authorized Signature: _____