

2008-9 SUBSCRIPTION ORDER FORM

1. WHEN, SELECT PERFORMANCE DATE DESIRED:

A GLIMPSE OF THE LIGHT (please circle desired date):

Nov. 12 th - 1 pm*	Nov. 12 th -8pm	Nov. 13 th - 8pm	Nov. 15 th - 8pm	Nov. 16 th - 2 pm
		Nov. 20 th -8 pm	Nov. 22 nd - 8pm	Nov. 23 rd - 2pm

THE DYBBUK (please circle desired date):

Feb. 25 th - 1 pm*	Feb. 25 th -8pm	Feb. 26 th - 8pm	Feb 28 th - 8:30pm	March 1 st - 2 pm
		March 5 th -8 pm	March 7 th - 8:30pm	March 8 th - 2pm

* (P) = Preview

2. PLEASE SEND ME:

___ Mid-week or matinee **Adult** subscriptions @ \$46 or Premium** @ \$54... \$ _____

___ Mid-week or matinee **Sen/Stu** subscriptions @ \$38 or Premium** @ \$54..\$ _____

___ **Saturday Adult** subscriptions @ \$53 or Premium** @ \$70.....\$ _____

___ **Saturday Sen/Stu** subscriptions @ \$45 or Premium** @ \$70.....\$ _____

***Premium tickets are first 5 rows in the centre.*

3. **CHOOSE:** Best available seats Special requests: _____

4. BECOME A TEATRON SUPPORTER!

All donations are tax deductible

___ **Patron** (\$1,000 +) \$ _____

___ **Benefactor** (\$500 - \$999) \$ _____

___ **Friend** (\$100 - \$499) \$ _____

___ **Member** (\$36) \$ _____

Total payment \$

Name: _____

Street: _____

City: _____

Province: _____ **Postal Code** _____

Phone: _____ - _____ - _____

E-mail _____

I wish my donation to be recognized under the following name:

Method of Payment:

___ Cheque (Payable to TEATRON) ___ VISA ___ MasterCard

Card Number: _____ - _____ - _____ - _____

Expiry date: _____ / _____

Signature _____