

Subscription Application
kanata theatre 2006/2007 Season

Deadline to guarantee same seats: **June 3, 2006.**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Email: _____

- Renew as on label New subscriber
 Changes or special requests:

I would like seats for: Week: 1st 2nd
 Tuesday _____ seats @\$60 = \$ _____
 Wednesday _____ seats @\$60 = \$ _____
 Thursday _____ seats @\$60 = \$ _____
 Friday _____ seats @\$60 = \$ _____
 Saturday _____ seats @\$60 = \$ _____
I wish to make a donation of \$ _____ (

TAX RECEIPT WILL BE ISSUED)

TOTAL PAYMENT \$ _____

I wish to pay by:

Cheque (payable to **kanata theatre**: please **not post-dated**)

Visa/MC# _____

Exp Date _____

Name on Card _____
(PLEASE PRINT)

FOR BOX OFFICE USE ONLY

PLEASE DO NOT WRITE IN THIS AREA

Day: 1st wk 2nd wk Tue Wed Thu Fri Sat

Seat(s): _____

Order mailed: