

2011-12 Subscription Form 4-Show



2215 J Street.
Sacramento CA 95816
www.capstage.org
Phone: 916-995-5464
Fax: 916-476-4973

1 Choose Your Plan

PLAN	ATTEND	4 shows	You Save
Preview	Attend first Wednesday, Thursday or Friday	\$56	22%
Midweek	Attend any Wednesday or Thursday performance	\$72	36%
Opening Night	Jan. 28, Mar. 24, May 19 & Jul. 21 includes reception with the cast	\$112	26%
Senior Matinee	Specially priced for our 60 and over patrons	\$72	36%
Flex Tix	Come on a Friday, Saturday or any day! (excludes Opening Nights)	\$100	Up to 22%

2 Choose Your Series

MARK YOUR SERIES

1st Wed. 1st Thurs. 1st Fri.

2nd Wed. 2nd Thurs.
 3rd Wed. 3rd Thurs.
 4th Wed. 4th Thurs.
 5th Wed. 5th Thurs.

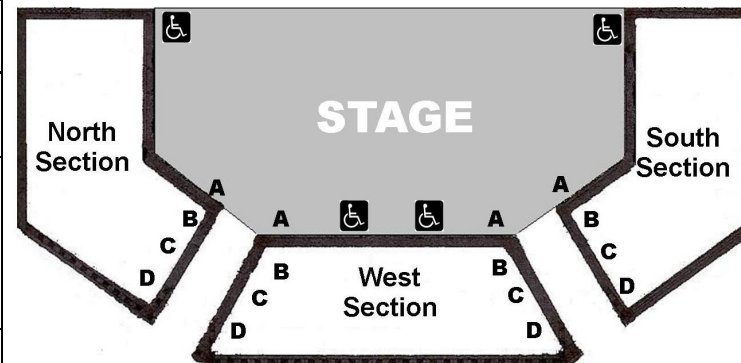
Always the 1st Saturday

1st Sun. 2nd Sun. 3rd Sun.
 4th Sun. 5th Sun.

Pick your dates as you go or contact us to select your dates in advance

3 Seating Preference

(We will do our best to accommodate you)



We will assign the best available seats for your plan, but please indicate any special seating requests/requirements below:

Check if you will require wheelchair seating

Check if you will require seating in row A

4 Season Ticket Price Computation:

Check one: Preview Midweek Opening Night Senior Matinee Flex Tix

Cost _____ X _____ people = \$ _____

5 Add Parking Voucher

4 show pass \$8 \$ _____

6 In support of Capital Stage, Sacramento's bold & intimate professional not-for-profit theatre, here's my tax deductible contribution of:

\$ _____

7 Handling Fee

\$ 6.50

8 Total Due: Add lines 4, 5, 6 and 7.

\$ _____

9 Payment Enclosed Visa M/C AMEX Discover

Card Number _____

Expiration Date _____ CVV/CVC (3 digit code from back of card) _____

Name and Address Information

(charged purchases require Credit Card billing address)

Subscriber Name(s) _____

Address _____

City _____ Zip _____

Telephone (H) _____

(W) _____

Email _____

Alt. Email _____

SUB #

ORDER #