

# 2009–2010 Shubert Subscription Order Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PERFORMANCE SCHEDULE—Check day you wish to attend:**

- Friday Evening  
  Saturday Matinee  
  Saturday Evening  
  Saturday Matinee

Seating Section: First Choice \_\_\_\_\_

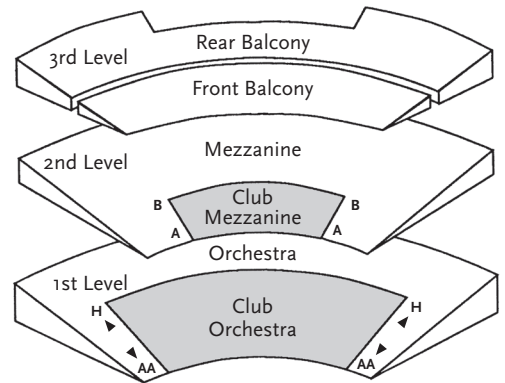
Second Choice \_\_\_\_\_

Number of Subscriptions you would like to purchase

We will contact you by phone or email with pricing.

**PLEASE PACKAGE THESE SHOWS FOR ME:**

Show

**Purchase Additional Tickets Before Public Sale**

Show	Day	Time	Section	#Tickets	Price	Subtotal

Subtotal   
 Convenience Charge   
*(please add \$1 per ticket)*  
**TOTAL**

PLEASE FAX FORM TO:  
203-492-3887

**OR**

SCAN AND SEND PDF TO:  
sjacobson@capa.com

PLEASE PROVIDE YOUR CREDIT CARD INFORMATION AND/OR CONTACT THE BOX OFFICE TO VERIFY YOUR TOTAL.  
CALL 203-562-5666 OR 888-736-2663

**PAYMENT INFORMATION**

- VISA  
  MasterCard  
  American Express  
  Discover

Credit Card Number	Exp. Date
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Authorized Signature \_\_\_\_\_