



**2019 KIDDSTUFF FIVE PLAY
SUBSCRIPTION FORM**

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail Address _____

Your email address is very important to us for the most timely and effective communication

1

Choose Your Subscription Performance

- | | | |
|--|--|--|
| <input type="checkbox"/> 10 am Thursdays | <input type="checkbox"/> 10 am Fridays | <input type="checkbox"/> 10 am Saturdays |
| <input type="checkbox"/> Noon Thursdays | <input type="checkbox"/> Noon Fridays | <input type="checkbox"/> Noon Saturdays |

2

Number of Subscriptions

Number of Subscriptions _____ x \$39.00 = \$ _____

Lap Passes: All patrons must have a ticket to enter the theatre (even the littlest ones). Please see our House Management team for special seating with your infant the day of your performance.

3

Payment

I am paying by:

- Cash
- Check payable to Hangar Theatre
- Credit Card-

You will be contacted for your credit card number.

Preferred Phone Number _____

Subscription Total \$ _____

Tax - Deductable Donation* \$ _____

Handling \$ **4.00** _____

Ticketing Fee **FREE**

ticketing fees are waived for subscribers!

GRAND TOTAL \$ _____

**Your support truly makes a difference. Thank you!*

Please mail to Hangar Theatre, PO BOX 205, Ithaca, NY 14851

Fax to 607.273.4516 or Call 607.273.ARTS(2787)

www.hangartheatre.org

