



Parent of Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Your e-mail address is essential if you wish to receive subscription renewal reminders and important programming updates.

1 Choose Your Subscription Performance

<input type="checkbox"/> 10:00am Thursdays	<input type="checkbox"/> 10:00am Fridays	<input type="checkbox"/> 10:00am Saturdays
<input type="checkbox"/> Noon Thursday	<input type="checkbox"/> Noon Fridays	<input type="checkbox"/> Noon Saturdays

2 Choose How Many

Number of subscriptions _____ x \$25.00 = \$ _____

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.

3 Payment

Subtotal (from above):	= \$ _____
DONATION Your support truly makes a difference. Thank You!	= \$ _____
Handling	= \$ <u>4.00</u>
Grand Total	= \$ _____

I am paying by: Cash Check (payable to Hangar Theatre) Credit Card (Visa/MasterCard/Discover)

Credit Card Acct. # -- -- --

Exp. Date _____ / _____ Signature _____

Please Mail to Hangar Theatre, P.O. Box 205, Ithaca, NY 14851,
 Fax to (607) 273-4516,
 or Call (607) 273-8588 ext. 12

FOR OFFICE USE ONLY

Date Rec'd Bus Off Aud Serv R.E. Seats