

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Your email address is very important to us for the most timely and effective communications.*

**1 Choose Your Subscription Performance**

Check Type	Circle Section Price		Check Performance Day & Time	
	Center	Side		
<input type="checkbox"/> Previews/Matinees	\$109	\$93	<input type="checkbox"/> 1 <sup>st</sup> Thursday @ 7:30pm <input type="checkbox"/> 1 <sup>st</sup> Saturday @ 3:00pm	<input type="checkbox"/> 1 <sup>st</sup> Sunday @ 2:00pm <input type="checkbox"/> 2 <sup>nd</sup> Saturday @ 3:00pm
<input type="checkbox"/> 1 <sup>st</sup> Weekend Evenings	\$129	\$109	<input type="checkbox"/> 1 <sup>st</sup> Saturday @ 8:00pm	<input type="checkbox"/> 1 <sup>st</sup> Sunday @ 7:30pm
<input type="checkbox"/> Evening Performances	\$149	\$125	<input type="checkbox"/> Tuesday Talkback @ 7:30pm <input type="checkbox"/> Wednesday @ 7:30pm	<input type="checkbox"/> 2 <sup>nd</sup> Thursday @ 7:30pm <input type="checkbox"/> 2 <sup>nd</sup> Friday @ 8:00pm <input type="checkbox"/> 2 <sup>nd</sup> Saturday @ 8:00pm
<input type="checkbox"/> Opening Nights	\$173	\$149	<input type="checkbox"/> 1 <sup>st</sup> Friday @ 8:00pm (Includes Post-show Reception)	
<input type="checkbox"/> Youth/Student	\$75	\$75	Any Seat, Any Night	

**2 Seating Preferences**

Specific Seat Request\*\*  
 Row \_\_\_\_\_ Seat(s) \_\_\_\_\_

Best Seat Available

Special Needs/Wheelchair Access  
 Please Note: \_\_\_\_\_

\*\*We will make every effort to fill your subscription as requested. However, we do reserve the right to make changes if necessary.

**3 Payment**

# of 2012 Mainstage subscriptions \_\_\_\_\_ X Price per subscription \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Please fill out separate forms to purchase additional subscriptions for different nights.

# of 2012 Youth/Student subscriptions \_\_\_\_\_ X Price per subscription \$75 = \$ \_\_\_\_\_

DONATION Your support truly makes a difference. Thank You! = \$ \_\_\_\_\_

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

Acct. # [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Sub-Total = \$ \_\_\_\_\_

Handling = \$ 4.00

GRAND Total = \$ \_\_\_\_\_

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 [ ] [ ] [ ] [ ]

\*20% Savings, based on Adult Single Ticket Prices, is reflected above. There are **NO** Ticket Center Fees on Subscription Tickets.