



CAPITAL REPERTORY THEATRE

CREATING MEMORIES
FOR 30 YEARS

SUBSCRIBER INFORMATION:

If you provide your email address, we will send you confirmation and reminders of your upcoming reservations.

FOR OFFICE USE ONLY

Date: _____

Acc: _____

Win: _____

#: _____

Rep: _____

(518) 445-SHOW (7469) www.capitalrep.org

2010/2011 SEASON RENEWAL

CURRENT SUBSCRIPTION:

COMPLETE THIS SECTION

- EXACT RENEWAL ADDITIONAL SEATS NEEDED
- SAME SERIES, IMPROVE SEATING *(please adjust price if necessary)*
Please specify: _____
- CHANGE SERIES to: _____
- HOLD my tickets at the Box Office, so I will be able to exchange by phone. A confirmation of dates will be sent.
- MAIL my tickets to me. I understand that I must return my tickets to the Box Office before I can exchange.
- OTHER _____

EARLY BIRD SPECIALS

- ★ **RENEW BY JANUARY 15** and retain your same seats as last season, waive the \$10 processing fee and receive (1) free ticket per subscription to a preview performance of *A Christmas Story*.
- ★ **RENEW BY FEBRUARY 15** and retain your same seats as last season and waive the \$10 processing fee.
- ★ **RENEW BY MARCH 15** and retain your same seats as last season.

Subscriptions to be mailed summer 2010. Absolutely no refunds.

WE WANT TO KNOW MORE ABOUT YOU!

How many years have you been a subscriber? _____

What is your favorite Capital Rep memory or show?

What is something unique about you? (job, hobby, etc)

PRICING INFORMATION

ADDITIONAL TICKETS FOR ANY SHOW IN THE SEASON, JUST \$35

Choose the show(s) that you want to purchase additional tickets.

Show	# of Tickets	Performance Date & Time
Show 1	_____	_____
Show 2	_____	_____
Show 3	_____	_____

Make a gift to our 2010-2011 Annual Fund! Your generosity will allow us to keep giving our best to the arts and culture of the Capital District. All donations are tax-deductible to the full extent of the law.

METHOD OF PAYMENT

- Check made payable to **Capital Repertory Theatre**
Just a friendly reminder that we are a non profit theatre and we ask that you please consider paying by check as it will help us immensely. Thank you!
- Please charge my: Visa Mastercard American Express

Credit card number

Expiration date

Card holder signature

2010-2011 Subscription Renewal Price \$ _____
Based on exact renewal, adjust if changing series

Additional Tickets Total \$ _____
(see box to left)

Parking Pass \$35/season \$ _____
Renewal – keep card; New – card will be sent

Processing Fee \$ _____ 10
(only add if renewing after Feb. 15)

Annual Fund Gift \$ _____
(Suggested gift: \$50, \$100 or more)

TOTAL DUE \$ _____

IT'S EASY TO RENEW

Call (518) 445-SHOW (7469).

Fax this renewal order form to (518) 465-0213.

Mail this renewal order form to:
Capital Repertory Theatre, 111 North Pearl Street,
Albany, NY 12207.

In Person at 111 North Pearl Street, Albany, NY.