



Date: \_\_\_\_\_

## 2019–2020 Season Subscription Form

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

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

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

Phone: \_\_\_\_\_

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

Payment:  Cash  Check  Visa  MC  Discover  AMEX

Credit Card Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

(Make checks payable to "Players of Utica")

Select the # of subscriptions at the desired level and include payment. An additional tax-deductible donation is always appreciated. It will help us complete our main stage theatre!

# \_\_\_ Adult @ \$80 ea. = \$ \_\_\_\_\_

# \_\_\_ Senior (62+) @ \$60 ea. = \$ \_\_\_\_\_

# \_\_\_ Student @ \$35 ea. = \$ \_\_\_\_\_

# \_\_\_ Patron: @ \$90 ea. = \$ \_\_\_\_\_

# \_\_\_ Angel @ \$105 ea. = \$ \_\_\_\_\_

Additional donation of \$ \_\_\_\_\_

**Grand total** \$ \_\_\_\_\_

Mail this subscription form along with your payment to:

Players of Utica  
c/o Sheila Bamberger  
122 Proctor Blvd.  
Utica, NY 13501