

Seanachai Theatre Company 2010-11 Season

Subscription Order Form

Season Subscription # Cost
_____ X \$40.00 = \$ _____
Pick your dates later.*

Please add my tax deductible donation of = \$ _____

TOTAL AMOUNT = \$ _____

*Ticket Policy: To redeem your subscription reservation, please contact the box office at least 48 hours in advance to hold your seat for the performance you wish to attend. Reservations are subject to availability.

PAYMENT INFORMATION

Name

Address

City/State/Zip

Phone

Email

METHOD OF PAYMENT

- Check (enclosed) MasterCard
 Visa Discover

Credit Card #

Exp. Date

Signature

Send to: Seanachai Theatre Company
1530 S. State St. #801
Chicago, IL 60605

773-878-3727
www.seanachai.org