

TO ORDER A SUBSCRIPTION
Choose one of the following options:

SPECIFIC DATES

Please circle the requested week and day of your series and we will mail you your tickets in advance.

Week 1	Thurs Eve	Fri Eve	Sat Eve	Sun Mat
Week 2	Thurs Eve	Fri Eve	Sat Eve	Sun Mat
Week 3	Thurs Eve	Fri Eve	Sat Eve	

Evening performances at 8 p.m. and matinées at 2 p.m.
or

OPEN SUBSCRIPTION

I prefer to select my dates later and will contact the Box Office at least one week prior to the opening of each production.

Mail completed form with payment to:
 Amicus Productions
 P.O. Box 72062, Coxwell/Danforth Post Office
 Toronto, Ontario M4C 1H6

Name _____

Address _____

City _____ Postal Code _____

Telephone _____ Email _____

_____ Subscriptions @ \$40.00 and/or Senior (60+) _____ Subscriptions @ \$30.00 = _____

Administration Fee = \$2.00

Credit Card Fee (if applicable add \$2.00) = _____

May we acknowledge your donation in our programmes?

I wish to make a donation in the amount of = _____

Y N

TOTAL PAYMENT ENCLOSED _____

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VISA or Mastercard Credit Card Number

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Expiry Date

 Name on Credit Card