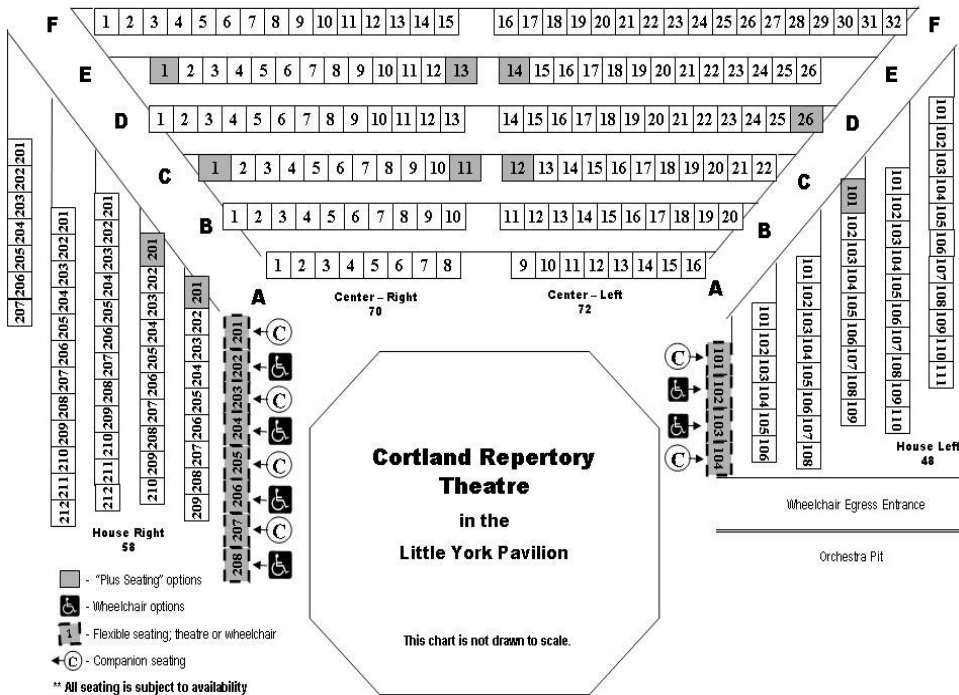


ADVANTAGES TO BEING A CRT SUBSCRIBER

- ★ Significant discount over single ticket prices!
- ★ Get the FIRST CHOICE of seats for next season!
- ★ Exchange Privileges! with 24 hours notice.
- ★ First chance to purchase additional tickets during Subscribers Week! (May 3 - May 7, 2010)



THE CRT FLEX PASS!

Our Flex Pass of 6 admissions lets you pick the shows and dates you want to attend. They may be used as you choose - as single tickets, as pairs of tickets, or any combination that suits your needs. To redeem your Flex Pass, simply contact the Box Office at least 24 hours prior to the performances you wish to attend and you'll receive the best available seats

Opening Night!

When: The First Wednesday

Meet the cast and crew after the show for an informal reception!

Friday Night Talk Backs

When: Every Friday Night

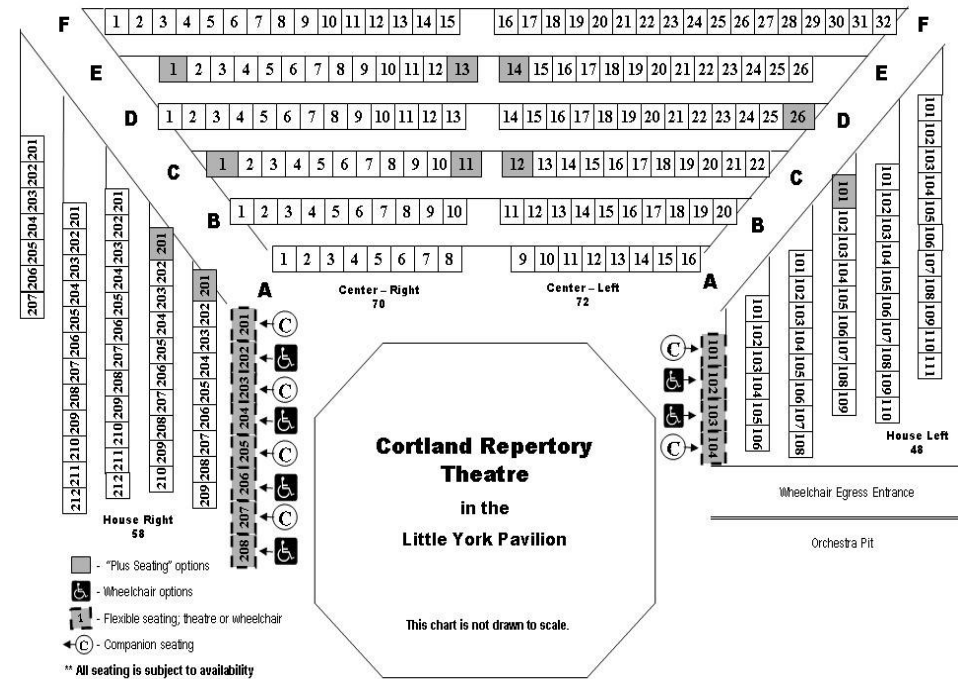
Audience meets the cast and designers in a Q&A session after the performance!

Wheelchair Seating: designated by the symbol

"Plus" Seating: Select seats are 3" wider for those who would like to take this opportunity.

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2010 Subscription and Renewal Form

Name _____ Check if address is new

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____

- Subscription Renewal **SAME AS 2009**, if available
- New Subscription / or / Renewal with change from previous year
Seat/section request, if possible: _____

DAY <i>Please check preference</i>	# of Subs	Six Show Subscription		COST
		Center	Side	
FIRST WEEK				
<input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat		X	\$144	\$132
<input type="checkbox"/> Friday Matinee <input type="checkbox"/> Sunday Matinee		X	\$120	\$108
SECOND WEEK				
<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat		X	\$144	\$132
<input type="checkbox"/> Wednesday Matinee		X	\$120	\$108

Flex Pass - Six tickets to use for any show, in any combination
of Flex Passes at _____

\$150 Eve Center \$138 Eve Side \$126 Mat Center \$114 Mat

Please Check if Requesting: Wheelchair Seating Plus Seating

Please Make Checks Payable to: _____ Donation \$ _____
Cortland Repertory Theatre
 PO Box 783, Cortland, NY 13045 Total Enclosed \$ _____

MasterCard Visa Discover
 Card No. _____ Exp _____

Signature _____ CID# _____
(The last three digits in the signature box on the back of your credit card)



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