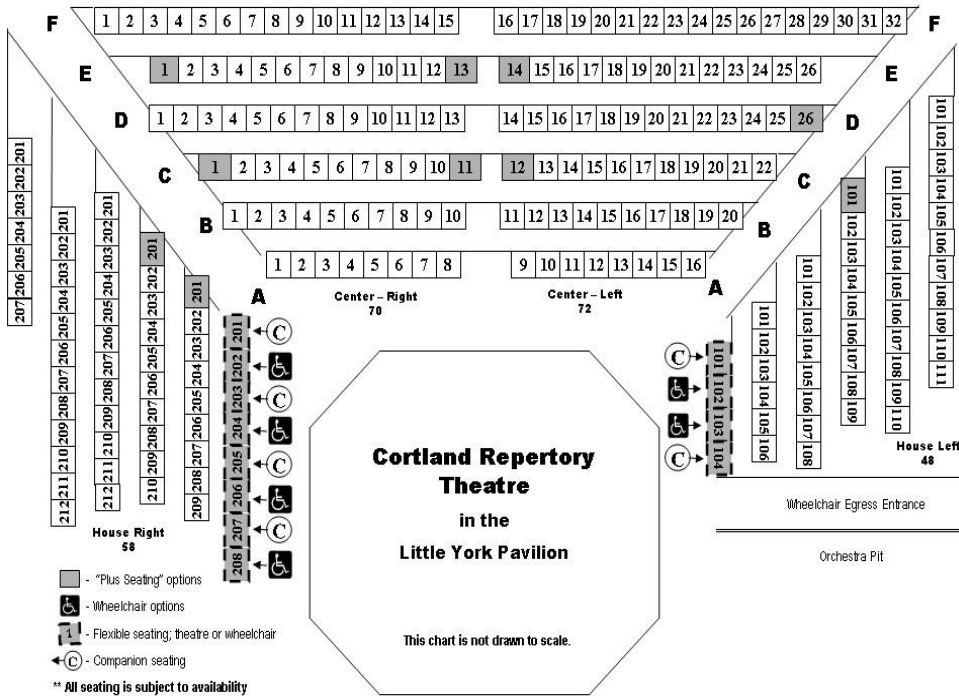


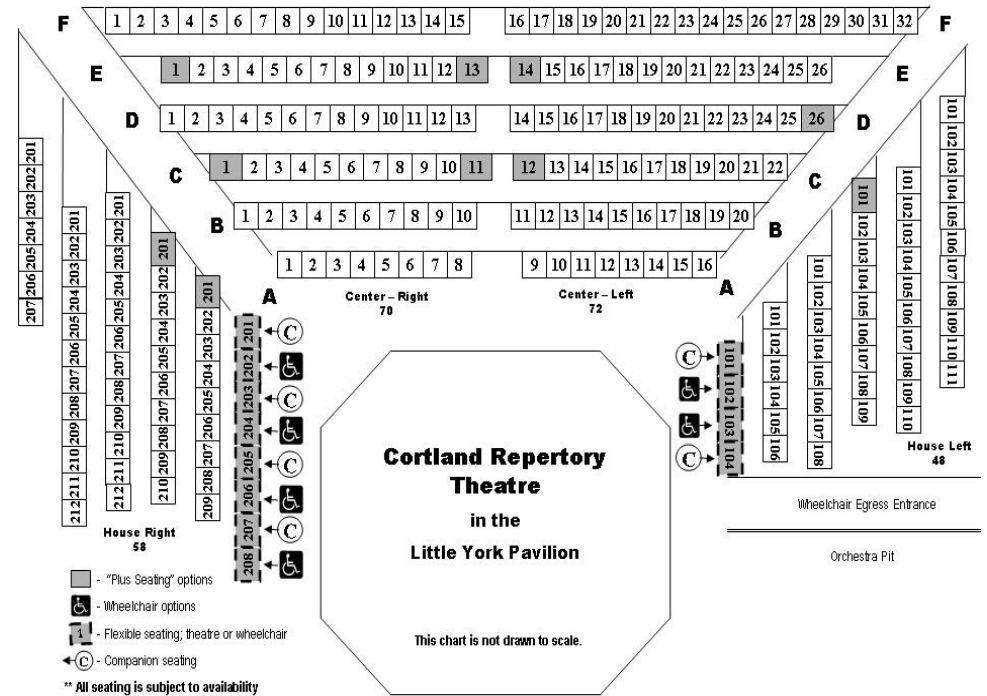
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Opening Night!


When: The First Wednesday

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

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 use this option.

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CORTLAND REPERTORY THEATRE 2012 Subscription Renewal Form

Name _____ Check if address is new

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Telephone (home/cell) _____ (work) _____

- Subscription Renewal **SAME AS 2011**
- 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	\$162	\$150	
<input type="checkbox"/> Friday Matinee <input type="checkbox"/> Sunday Matinee	X	\$138	\$126	
SECOND WEEK				
<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	X	\$162	\$150	
<input type="checkbox"/> Wednesday Matinee	X	\$138	\$126	

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

\$168 Eve Center \$156 Eve Side \$144 Mat Center \$132 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# _____
(CID # is the last three digits in the signature box on the back of your credit card)

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