



Subscription Order Form

2010 - 2011



Now save 20% on subscriptions

Name: _____

Address: _____ Apt. # _____

City: _____ Province: _____ Postal Code: _____

E-mail Address: _____

Telephone: Home: () _____ Business: () _____

I am paying by: VISA MasterCard Cheque

Credit Card Number: _____

Expiry Date: _____

Signature: _____

PLEASE CHECK ONE SERIES ONLY.

Series Code	Day/Time	Oliver	Urinetown	Check Only One Box
1 FR	Friday at 8:00 p.m.	Nov. 19/10	Apr. 29/11	<input type="checkbox"/>
1 SA	Saturday at 8:00 p.m.	Nov. 20/10	Apr. 30/11	<input type="checkbox"/>
1 SU	Sunday at 2:00 p.m.	Nov. 21/10	May 1/11	<input type="checkbox"/>
2 FR	Friday at 8:00 p.m.	Nov. 26/10	May 6/11	<input type="checkbox"/>
2 SA	Saturday at 8:00 p.m.	Nov. 27/10	May 7/11	<input type="checkbox"/>
2 SU	Sunday at 2:00 p.m.	Nov. 28/10	May 8/11	<input type="checkbox"/>
3 FR	Friday at 8:00 p.m.	Dec. 3/10	May 13/11	<input type="checkbox"/>
3 SA	Saturday at 2:00 p.m.	Dec. 4/10	May 14/11	<input type="checkbox"/>

SUBSCRIPTIONS REQUIRED

Series Code _____ Adults @ \$40.00 = \$ _____

_____ Youth* @ \$30.40 = \$ _____

Handling Fee \$ **2.00**

TOTAL \$ _____

*Youth – up to 16 years

SEATING PREFERENCE (see Auditorium Seating Plan page 6)

1st Choice _____ 2nd Choice _____

Renewing subscribers only – do you wish to repeat your existing seats?

Yes OR No Change requested _____

Box Office

416-248-0410

www.e-m-p.net

Mail this form with stamped,
self-addressed envelope to:
Etobicoke Musical Productions
212 – 311 Dixon Rd., Toronto, ON M9R 1S3

All performances are held at
Burnhamthorpe Auditorium
500 The East Mall, Etobicoke