## Schenectady Civic Players Season Pass

 $Your \, subscription \, provides \, you \, with \, the \, same \, reserved \, seat \, at \, the \, same \, performance \, for \, all \, five \, plays, \, but \, changes \, are \, easily \, arranged \, by \, calling \, the \, box \, office \, at \, (518) \, 382-2081.$ 

Check performance desired:							
□ Fri-1	□ Sat-1	□ Sun-1	$\square$ Wed	□ Thu	□ Fri-2	□ Sat-2	□ Sun-2
Check preferred seating:		į	□ Front	□ Toward Front	□ Middle	_ l	Rear
Patron Gift  I would like to further support SCP with a tax-deductable gift: \$							
Name							
Address							
City				State		Zip	
Email					Phone		
□ Hold tickets a	t Box Office or □ Mail tick	ets to address above					
	Subscriptions (	@ \$65.00 each \$					
		Patron gift \$					
Elevator campaign \$							
		Total \$					
		-					
Please make che	ecks payable to SCHENEC	TADY CIVIC PLAYERS, IN	С				
□ VISA	□ Mastercard	□ Discover					
Card #					Expiration	1	
CID/CVV2 Code			Signature				

Please remit this entire form and payment to:

Schenectady Civic Players, Inc., P.O. Box 927, Schenectady, NY 12301