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 Sixty Years Excellence in Community Theatre  
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I wish the same seat(s) and night of attendance as last year (as indicated on label above).
 (check)

The cut-off date for retaining the same seating and night of attendance is **June 30**.
 Your tickets will be mailed to you by the **end of August**.

TICKET ORDER

	No. of tickets	Price	Total
Adult Subscription		\$75.00 ea.	
Student/Senior Subscription		\$70.00 ea.	
Membership Fee: Student (optional)		\$10.00	
Membership Fee: Adult (optional)		\$20.00	
Membership Fee: Family (optional)		\$35.00	
TOTAL			

Please make cheques payable to: **The Belleville Theatre Guild**
 For your convenience we now accept **VISA & MasterCard**

Card No. _____ Expiry Date: _____

Signature: _____

Please Print **Changes Only**

Name _____ Address _____ City _____ Postal Code _____ Telephone _____ E-mail _____	<p>PLEASE INDICATE DAY OF ATTENDANCE OR SEATING CHANGE REQUESTS ONLY</p>
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