

SOUTH BAY MUSICAL THEATRE 2011-2012 SEASON SUBSCRIPTION FORM

42nd Street • Finian's Rainbow • Guys and Dolls

Please complete all **STEPS** and mail this form to the address shown on the back.



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Email: _____

We are pleased to offer you a **substantial discount** for purchasing a season subscription.

Opening Night Gala subscription – \$99, **a savings of \$21.00 (18%) off single ticket prices.**

Friday, Saturday or Sunday subscription – \$75, **a savings of \$21.00 (22%) off single ticket prices.**

Thursday subscription – \$63, **a savings of \$12.00 (16%) off single ticket prices.**

Broadway by the Decade concert event, – \$22, **a savings of \$5.00 (19%) off single ticket price.**

STEP 1: I wish to purchase: Quantity of seats _____ to the subscription series checked below (**You must check ONE box for a date series.** If you need to exchange out from one or more dates in the series, indicate so on the comments section on the back. You may also exchange dates by phone at a later date.) First date listed below is *42nd Street*, second is *Finian's Rainbow* and third is *Guys and Dolls*. Please choose one:

GALA - \$99
Opening nights, 8:00pm
Sept. 17, 2011
Jan. 28, 2012
May 19, 2012

FRI2 - \$75
2nd Fridays, 8:00pm
Sept. 23, 2011
Feb. 3, 2012
May 25, 2012

FRI3 - \$75
3rd Fridays, 8:00pm
Sept. 30, 2011
Feb. 10, 2012
June 1, 2012

THU4 - \$63
4th Thursdays, 8:00pm
Oct. 6, 2011
Feb. 16, 2012
June 7, 2012

SUN1 - \$75
1st Sundays, 2:30pm
Sept. 18, 2011
Jan. 29, 2012
May 20, 2012

SAT2 - \$75
2nd Saturdays, 8:00pm
Sept. 24, 2011
Feb. 4, 2012
May 26, 2012

SAT3 - \$75
3rd Saturdays, 8:00pm
Oct. 1, 2011
Feb. 11, 2012
June 2, 2012

FRI4 - \$75
4th Fridays, 8:00pm
Oct. 7, 2011
Feb. 17, 2012
June 8, 2012

SUN2 - \$75
2nd Sundays, 2:30pm
Sept. 25, 2011
Feb. 5, 2012
May 27, 2012

SUN3 - \$75
3rd Sundays, 2:30pm
Oct. 2, 2011
Feb. 12, 2012
June 3, 2012

SAT4 - \$75
4th Saturdays, 8:00pm
Oct. 8, 2011
Feb. 18, 2012
June 9, 2012

**Questions?
Call our box
office at
408-266-4734**

STEP 2: Subscription Price Total: Number of seats _____ X \$ _____ per subscription = \$ _____.

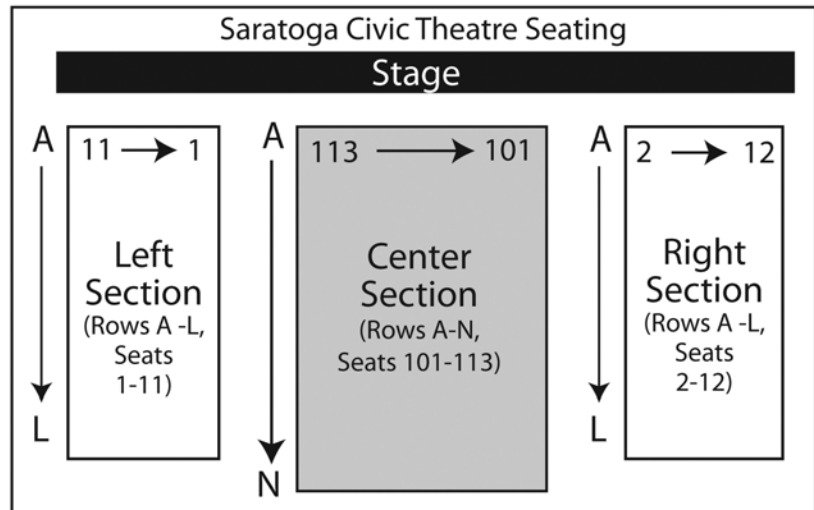
STEP 3: Seating preference. See the seating chart below for theater layout. Please note that we **cannot guarantee specific seating**, but will do our best to accommodate your request. Please check all that apply:

- Please assign me the best seats available for the performance series I have selected. (*RECOMMENDED*)
- Being on an aisle is more important than how far I sit from the stage.
- I have circled the areas I'd prefer to sit on the theater layout at the right. (Please note **we cannot guarantee specific seating**, but will do our best to accommodate you.)

STEP 4: Handicap Needs.

Please check one:

- No handicap needs.
- I use a wheelchair and must remain in the wheelchair during the show.
- I use a wheelchair, but can transfer into an aisle seat to watch the show.



Continued on back ➔

Please use the following space for all other seating requests and comments:

South Bay Musical Theatre is a non-profit group staffed largely by volunteers, and we appreciate our patrons' support not only as audience members, but also as monetary donors. Proceeds from our donation campaign and our annual Crab Feed Fundraiser contribute directly to the high-quality productions you've come to expect from SBMT. If you'd like to donate with your season order, just fill in the boxes to the right.
Thank you for your support!

Subscription Price Total: (from STEP 2 on front side)	
+Add: <i>Broadway by the Decade</i>, Sept. 25, 2011, 7:00 pm. I want ___ tickets at \$22 each.	
+Add: <i>Crab Feed Fundraiser</i>, Jan. 21, 2012, 6 – 9 pm. I want ___ tickets at \$50 each.	
+Tax-Deductible Donation to SBMT. <i>Thank you!</i>	
STEP 5: TOTAL PAYMENT DUE:	

STEP 6: Payment Options

Check Enclosed (payable to SBMT)

Visa MasterCard Discover / Number: - - -

American Express / Number: - -

For all credit card orders, please fill in expiration, sign and indicate name below:

Expiration Date: / Signature: _____

Name on Card: _____

***Your tickets will be mailed to you
at the address you indicated on the front side of this form.***

STEP 7: Please mail this form with payment to:

**SBMT Subscriptions
P.O. Box 6868
San Jose, CA 95150**

***Remember, if you need to change dates during the year, please call
our box office and give us at least 24 hours' notice.***

Thank you for subscribing!