

2017 / 2018 Season Subscription Order Form

MOUNTAIN VIEW

Subscription includes tickets to *The Yeomen of the Guard* and *The Gondoliers*.

YES! Please reserve my seats: # _____ Adult / Senior subscription(s) @ \$98 each. \$ _____
_____ Child / Student / K-12 Educator subscription(s) @ \$50 each. \$ _____
Add Subscription Processing Fee (\$4 per subscription) \$ _____

In Mountain View the price of each ticket includes a \$3 facility fee.

Choose one date for each show (*subscribers are guaranteed their first choice*):

THE YEOMEN OF THE GUARD - AUGUST 2017 Saturday, August 12 at 8 PM Sunday, August 13 at 2 PM
Mountain View Center for the Performing Arts

THE GONDOLIERS - FEBRUARY 2018 Saturday, February 17 at 8 PM Sunday, February 18 at 2 PM
Mountain View Center for the Performing Arts

PLEASE MAIL YOUR ORDER & PAYMENT TO:
Lamplighters Music Theatre
469 Bryant Street
San Francisco, CA 94107
Phone: 415-227-4797
Fax: 415-896-2844

TOTAL SUBSCRIPTION COST: \$ _____

OPTIONAL ADD-ON CHAMPAGNE GALA & AUCTION - PICK YOUR SEATING PREFERENCE - SUBSCRIBERS SAVE UP TO 20%

HERBST THEATRE, SAN FRANCISCO Front Orchestra # _____ @ \$88 \$ _____
Sunday, October 15, 2017, 4PM (Auction at 3PM) Rear Orchestra / Dress Circle Center # _____ @ \$71 \$ _____
Dress Circle Sides / Boxes # _____ @ \$56 \$ _____
Balcony # _____ @ \$36 \$ _____
Add Gala Processing Fee (\$2 per ticket) \$ _____

GALA ticket price in excess of \$49 is a tax-deductible donation; your ticket is your receipt.

OPTIONAL ADD-ON IOLANTHE SINGALONG - SUBSCRIBERS SAVE UP TO 10% • Sunday, April 8, 2018 at 2 PM

Mountain View Center For The Performing Arts, SecondStage
Adult / Senior # _____ @ \$30 \$ _____
Child / Student / K-12 Educator # _____ @ \$20 \$ _____
Add Singalong Processing Fee (\$2 per ticket) \$ _____

MAKE A DIFFERENCE!
Your tax-deductible gift to the Lamplighters supports exceptional artistry, educational programs, and spirited entertainment for people of all ages.

TOTAL ADD-ON COST: \$ _____

YES! Here is my tax-deductible DONATION! \$ _____

TOTAL ENCLOSED: \$ _____

Check enclosed, payable to Lamplighters

Bill my MasterCard/VISA Card Security Code #: _____

Card #: _____ Exp.: _____

Signature: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____