



2013-2014 Ticket Order Form

Name: _____

Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

For 4 Play Series, please check box
 For 3 Play Series and Single Tickets
 please indicate number and date.

- Full Season \$90
- Thursdays \$70
- Single Performance \$25

Payment \$ _____

Membership Fee (optional) \$ _____

Tax Deductible Donation ~ Thank You! \$ _____

Total \$ _____

- For the pleasure of seeing her again
- All My Sons
- Blithe Spirit
- Jacques Brel is Alive and Well and
 Living in Paris

Method of payment
 Cheque (payable to The Players' Guild of Hamilton Inc.)
 Visa Mastercard

Card # _____

Expiry: _____

Please reserve (# of tickets) _____ for: (check one)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Friday - 1st Week | <input type="checkbox"/> Saturday - 1st Week | | |
| <input type="checkbox"/> Thursday - 2nd Week | <input type="checkbox"/> Friday - 2nd Week | <input type="checkbox"/> Saturday - 2nd Week | <input type="checkbox"/> Saturday Matinee - 2nd |
| <input type="checkbox"/> Thursday - 3rd Week | <input type="checkbox"/> Friday - 3rd Week | <input type="checkbox"/> Saturday - 3rd Week | <input type="checkbox"/> Saturday Matinee - 3rd |

We allow flexibility in our ticket reservations. Please indicate preferences or call us at 905-529-0284!

