

2022-2023

SEASON SUBSCRIPTION

PERSONAL SUBSCRIPTION INFORMATION.
FORM CONTINUES ON THE REVERSE SIDE.

I WANT THE BEST!

Name

Address

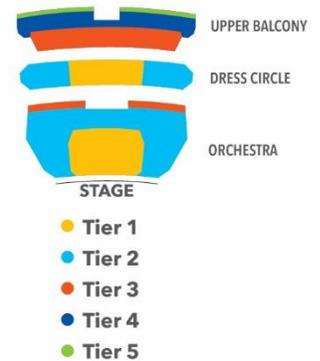
City

State

Zip

Phone

*email



*email must be included to take advantage of advance notification of shows added throughout the season

I WANT THE BEST! CHOOSE YOUR PREFERRED PERFORMANCE TIME AND TIER

	Quantity	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	TOTAL
Performance 1		\$419	\$291	\$226	\$151	\$110	
Performance 2		\$419	\$291	\$226	\$151	\$110	
I WANT THE BEST! TOTAL							

ADD SELECT BEST EXTRAS

Capitol Best subscriber seats are not guaranteed for all Capitol Best Extra orders.
The best and closest available options will be provided.

Show Title	Quantity		T1	T2	T3	T4	T5		SUB TOTAL
ALL IS CALM	_____	X	\$71	\$51	\$47	\$37	\$22	=	_____
TWINUSSION	_____	X	\$51	\$41	\$31	\$22	\$22	=	_____
OUR PLANET: LIVE IN CONCERT	_____	X	\$71	\$51	\$47	\$37	\$22	=	_____
THE ACTING COMPANY	_____	X	\$81	\$67	\$51	\$34	\$22	=	_____
BEST EXTRAS TOTAL									= _____

Ticket prices include a \$2 per ticket patron user fee.

2022-2023
SEASON SUBSCRIPTION

CAPITOL
THEATRE  **YAKIMA**

OFFICE USE ONLY

Date received _____

Amount received _____

Order Number _____

Check Number _____

1 SELECT YOUR SEASON

I WANT THE BEST! *transfer the "I WANT THE BEST!" from the previous page* **TOTAL \$** _____

BEST EXTRAS *transfer the "BEST EXTRAS" from the previous page* **TOTAL \$** _____

2 BECOME A FRIEND

I WANT TO BECOME A FRIEND

Become a friend and join other patrons with passion. Experience the theatre beyond the stage with more info and more opportunities. The \$250 donation includes the whole household.

Regular or additional donations also graciously accepted.



\$250

3 DONATE

Ticket sales generate only a portion of the funds required to keep the Theatre doors open. Your support secures our legacy to future generations.

Annual fund drive contribution \$ _____

4 GRAND TOTAL AND PAYMENT

PAY BY CHECK **Payable to: The Capitol Theatre** **GRAND TOTAL \$** _____

PAY BY CARD **AMEX** **Discover** **MasterCard** **Visa**

Name on Card _____

Card # _____

Expiration Date _____ Security Code _____

For questions or changes call 853-ARTS or email us at boxoffice@capitoltheatre.org

Subscribers receive exchange privileges.

All exchange requests will be addressed after September 5th.