

(Please print out, cut & mail to Interplayers, 174 S. Howard, Spokane, WA 99201)

Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Home Phone _____ **Work Phone** _____

Email _____

Would you like to be added to our e-newsletter list? Yes___ No___

Preferred Method of Payment: Check/Cash VISA MasterCard Discover

Card Number _____ Exp. ____/____/____

7 PLAY SUBSCRIPTION RATES

PERFORMANCE DAY	PRICE (REG)	qty	PRICE (SEN/MIL)	qty
PREVIEW (1st Thurs., 7:30 pm)	\$84	_____	\$72	_____
MATINEE (Sat./Sun., 2:00 pm)	\$90	_____	\$72	_____
WED./THURS. (7:30 pm)	\$102	_____	\$84	_____
FRI./SAT. (8:00 pm)	\$126	_____	\$114	_____

TOTAL # OF TICKETS _____

DONATION AMOUNT \$ _____

TOTAL AMOUNT OF CHECK/CREDIT CARD \$ _____

To change seating preferences, please call Interplayers box office at 455-PLAY (7529)