

2016-2017 Ticket Order Form

Reservations must be prepaid. Cash, check, VISA & MasterCard accepted.

Mail: PO Box 607, Bellingham WA 98227-0607
Phone: (360) 733-1811
Office: 1600 H St (Guild Playhouse)
Email: info@BellinghamTheatreGuild.com

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Love, Loss, and What I Wore (Performed at WCC Heiner Auditorium)
This show is not part of our 2016-17 Season—tickets sold separately.

Sept 23, 24, 25*; 30, Oct 1, 2* All Tickets General Admission Date: _____

2016-2017 Season:

White Christmas

Nov 25, 26, 27*; Dec 1, 2, 3, 4*; 8, 9, 10, 11* Date: _____

A Shayna Maidel

Jan. 27, 28, 29*; Feb 2, 3, 4, 5*; 9, 10, 11, 12* Date: _____

I Hate Hamlet

Mar 31, Apr 1, 2*; 6, 7, 8, 9*; 13, 14, 15, 16* Date: _____

Noises Off

June 9, 10, 11*; 15, 16, 17, 18*; 22, 23, 24, 25* Date: _____

I and You

July 20, 21, 22, 23*; 27, 28, 29, 30* Date: _____

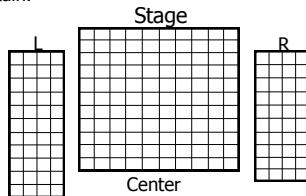
* = Sunday 2 pm matinee. Other days, 7:30 pm curtain.

I wish to reserve dates now.

Indicate dates above and mark seating preference at right

I will reserve dates later.

Contact Ticket Office to choose your dates



TICKETS

Indicate number of tickets of each type. St/Sr = students/seniors 62+.

5-Show Season Tickets

Adults \$65 x _____ + St/Sr \$55 x _____ + Child \$35 x _____ = \$ _____

4-Show Season Tickets (indicate 4 shows above)

Adults \$52 x _____ + St/Sr \$44 x _____ + Child \$28 x _____ = \$ _____

Single Show Tickets (Love, Loss and What I Wore is not part of season package.)

Adults \$14 x _____ + St/Sr \$12 x _____ + Child \$8 x _____ = \$ _____

MEMBERSHIP/DONATIONS Guild Membership and recognition in show programs included with donations of \$25+. All donations are tax deductible. Recognition categories are as follows:

\$25 to 49 | \$50 to 99 | \$100 to 249 | \$250 to 499 | \$500 to 999 | \$1,000+

With my Membership donation of \$25 or more, please recognize me/us as:

I wish to support live theatre through my donation of \$ _____

GRAND TOTAL TICKETS AND DONATIONS \$ _____

MasterCard VISA Cash Check enclosed

Credit Card # _____

Expiration Date: Month _____ Year _____

Cardholder Signature: _____

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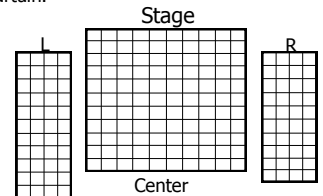
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