



NAME	ADDRESS
CITY	STATE
CONTACT PHONE	ZIP
EMAIL (PLEASE PROVIDE)	

PLEASE ALERT US IF YOU HAVE ANY SPECIAL NEEDS:

ASSISTED LISTENING DEVICE
 WHEELCHAIR
 VISION DIFFICULTY

Please alert staff upon arrival at each performance.

ALL EVENING AND MATINEE SUBSCRIPTIONS JUST \$60.00!

PLEASE CIRCLE WHICH DATE YOU WISH TO ATTEND:

<p><u>MOONLIGHT & MAGNOLIAS</u> Thursday, June 2nd @ 8:00PM Friday, June 3rd @ 8:00PM Saturday, June 4th @ 8:00PM Sunday, June 5th @ 2:00PM Thursday, June 9th @ 8:00PM Friday, June 10th @ 8:00PM Saturday, June 11th @ 8:00PM</p>	<p><u>JEWTOPIA</u> Thursday, June 16th @ 8:00PM Friday, June 17th @ 8:00PM Saturday, June 18th @ 8:00PM Sunday, June 19th @ 2:00PM Thursday, June 23rd @ 8:00PM Friday, June 24th @ 8:00PM Saturday, June 25th @ 8:00PM</p>
<p><u>ANGELS IN AMERICA: PART ONE</u> Thursday, August 18th @ 8:00PM Saturday, August 20th @ 8:00PM Thursday, August 25th @ 8:00PM Saturday, August 27th @ 8:00PM Sunday, August 28th @ 2:00PM</p>	<p><u>ANGELS IN AMERICA: PART TWO</u> Friday, August 19th @ 8:00PM Sunday, August 21st @ 2:00PM Friday, August 26th @ 8:00PM Sunday, August 28th @ 8:00PM</p>

Quantity: _____ (=) Sub Total: \$ _____ Service & Handling Fee **ADD \$5.00 Per Person** \$ _____

Enclosed is my check made payable to Ritz Theatre Company (preferred method)

OR charge my Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: ____/____ Security Code: ____ SIGNATURE X _____