

THEATRE PALISADES 2017 SEASON

2017 SEASON TICKET APPLICATION

___ REGULAR @ \$80 \$ _____

___ SENIOR* @ \$70 (62 years) \$ _____

___ STUDENT* @ \$70 (21 & under) \$ _____

Handling fee \$5.00 _____

Contribution to Theatre Palisades Operating Fund \$ _____

TOTAL \$ _____

Name: _____

Address: _____ Apt. _____

City, State: _____

Zip: _____ Phone (____) _____

Email: _____

AS PAYMENT WE PREFER CHECK OR MONEY ORDER PAYABLE TO
THEATRE PALISADES

*Copy of ID must accompany check from new subscribers

OR CHARGE TO (check one):

MasterCard VISA

Account No: _____ Exp: _____

Signature: _____

Mail To:
SEASON TICKETS
Theatre Palisades
P.O. Box 881
Pacific Palisades, CA 90272

For further information, call (310) 454-1970

Plays subject to availability.
We reserve the right to change plays or dates.