

## Theatre Works 2010-2011 Subscriber Form

Please fill out and mail back entire form with your check for \$60 (5 shows) or \$48 (4 shows) per subscriber payable to Theatre Works and mail to: Theatre Works, Inc., PO Box 125, Woonsocket, RI 02895

Please check one:

I will call to make my reservations for each show when the reservation line opens.

or

I would like to pre-select my reservations. I have checked off the following dates with the number of people in my party:

### ***DINNER FOR SEVERAL***

- Friday, September 10 @ 8:00 pm  
 Saturday, September 11 @ 8:00 pm  
 Sunday, September 12 @ 2:00 pm  
 Friday, September 17 @ 8:00 pm  
 Saturday, September 18 @ 8:00 pm  
 Sunday, September 19 @ 2:00 pm

### ***GREETINGS***

- Friday, December 3 @ 8:00 pm  
 Saturday, December 4 @ 8:00 pm  
 Sunday, December 5 @ 2:00 pm  
 Friday, December 10 @ 8:00 pm  
 Saturday, December 11 @ 8:00 pm  
 Sunday, December 12 @ 2:00 pm

### ***JESUS CHRIST SUPERSTAR***

You must call the Stadium Theatre to reserve your seat.

April 15, 16, 2011 - 7:30 pm    April 17 - 2:00 pm

### ***NORMAN, IS THAT YOU?***

- Friday, May 13, @ 8:00 pm  
 Saturday, May 14 @ 8:00 pm  
 Sunday, May 15 @ 2:00 pm  
 Friday, May 20 @ 8:00 pm  
 Saturday, May 21 @ 8:00 pm  
 Sunday, May 22 @ 2:00 pm

### **OPTIONAL EXTRA 5TH SHOW *NUNSENSE***

You must call the Stadium Theatre to reserve your seat.

October 22 & 23 - 7:30 pm    October 24 - 2:00 pm

## Subscriber Information

Please Print Contact Information for EACH Subscriber.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### ***OFFICE USE ONLY***

Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_

Amount \_\_\_\_\_