

Name _____

Address _____

City _____ State _____ Zip _____ Day Phone _____

Eve Phone _____ E-mail _____

Name as you wish it listed in the programs _____

Please select the performances of your choice.

THE GRADUATE

Thu 9/25 @ 8pm Fri 9/26 @ 8pm Sat 9/27 @ 8pm Sun 9/28 @ 3pm

A WONDERFUL LIFE

Thu 12/11 @ 8pm Fri 12/12 @ 8pm Sat 12/13 @ 3pm Sat 13/8 @ 8pm

Sun 12/14 @ 3pm... Thu 12/18 @ 8pm Fri 12/19 @ 8pm Sat 12/20 @ 3pm

Sat 13/20 @ 8pm Sun 12/21 @ 3pm

PILLOW TALK

Thu 2/5 @ 8pm Fri 2/6 @ 8pm Sat 2/7 @ 8pm Sun 2/8 @ 3pm

HOLLYWOOD/UKRAINE

Thu 3/19 @ 8pm Fri. 3/20 @ 8pm Sat 3/21 @ 8pm Sun. 3/22 @ 3pm

BIG

Thu 5/8 @ 8pm Fri 5/9 @ 8pm Sat 5/10 @ 3p Sat 5/10 @ 8pm

Sun 5/11 @ 3p Thu 5/15 @ 8pm Fri 5/16 @ 8pm Sat 5/17 @ 3p

Sat 5/17 @ 8pm Sun 5/18 @ 3p

_____ I prefer to be on the Will Call list and make my reservations on a show-by-show basis.

_____ Special Memberships @ \$120 =\$_____

_____ Flex-Pass Memberships @ \$100 =\$_____

Please accept my tax deductible contribution =\$_____

TOTAL PAYMENT \$ _____

Check Enclosed Visa MasterCard

Name as it Appears on Card _____

Account # _____ Expiration Date: _____ Sec. # _____

Signature

Please return to
Thalian Association
Box 1111
Wilmington, NC 28402