

NAME _____

ACCOUNT # (for Renewals) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # (required) _____

E-MAIL _____

Series Type: REGULAR PREVIEWS
 Seating Section: PREMIUM GOLD SILVER
 Day/Time or Series #: _____
 Notes/Special Seating Requests:

 I attend with friends, please seat with:

PRICES	5-Play Subscription			
	REGULAR	PREMIUM	GOLD	SILVER
WED 1:00	\$211	\$201	\$169	
WED 7:30 THU 7:30 FRI 8:00 SUN 7:00	\$225	\$211	\$169	
SAT 2:30	\$221	\$211	\$181	
SAT 8:00	\$260	\$250	\$215	
SUN 2:30	\$236	\$226	\$204	
PREVIEWS	PREMIUM	GOLD	SILVER	
1 st THU	\$186	\$176	\$109	
TUE 7:30 WED 1:00 WED 7:30 THU 7:30 FRI 8:00 SUN 7:00	\$186	\$176	\$124	
SAT 8:00 SUN 2:30	\$220	\$206	\$176	

PRICE/SUB x # SUBS = SUBTOTAL

Subtract Senior Disc - _____
Seniors (65+) with Gold or Premium Subscriptions receive \$5 off 5-Play packages. Does not apply to Silver Seating or Flex Passes. Not valid Saturday evenings.

→ Donation + _____

Handling fee + \$10

TOTAL = _____

PAYMENT INFORMATION

Check Attached payable to Northlight Theatre

Mastercard Visa Discover Amex

NAME ON CARD _____

CARD # _____

EXP. DATE _____

SEC. CODE _____

TO SUBSCRIBE:

1. Mail this form to Northlight Theatre, 9501 Skokie Blvd, Skokie IL 60077
2. Call 847.673.6300, this form in hand
3. Subscribe online at northlight.org/subscribe
4. Fax this form to 847.679.3704
5. Visit the Box Office, this form in hand

INTERNAL USE ONLY

Date of Order: _____

Taken by: _____