

Borelians 2008/09 Subscription Form

tickets

Show/Performance Dates

Subtotal

TOTAL _____

Name: _____

Address: _____

Phone: _____

Email: _____

Method of Payment

Cheque _____

VISA _____

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Credit Card # _____ Exp. Date _____

Cardholder Name _____

Signature: _____

Mail to:

Borelians Community Theatre

Box 1256

Port Perry, Ontario

L9L 1B7

For Office Use only:
