

CAL SHAKES

CALIFORNIA SHAKESPEARE THEATER

Educators Subscription

K-12 teachers now receive 50% off our regular subscription prices when they purchase a subscription to the 2008 Season! Please include a copy of your teacher ID, or a current paycheck stub, from an accredited educational institution with your order. Educator's subscriptions are available in Sections D, E, or F, for select Tuesday, Wednesday, and Thursday night performances and Saturday matinees. Limit: Two (2) subscriptions per valid ID.

1. YOUR CONTACT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

2. PICK YOUR DATES:

	PRICE:
<input type="checkbox"/> WED @ 8PM - May 28 (P); July 2 (IH); August 6 (UV); September 10 (TN)	\$56.00
<input type="checkbox"/> THU @ 8PM - May 29 (P); July 3 (IH); August 7 (UV); September 11 (TN)	\$56.00
<input type="checkbox"/> TUE @ 7:30PM - June 3 (P); July 8 (IH); August 12 (UV); September 16 (TN)	\$70.00
<input type="checkbox"/> WED @ 7:30PM - June 4 (P); July 9 (IH); August 13 (UV); September 17 (TN)	\$70.00
<input type="checkbox"/> THU @ 7:30PM - June 5 (P); July 10 (IH); August 14 (UV); September 18 (TN)	\$70.00
<input type="checkbox"/> SAT @ 2PM - June 21 (P); July 26 (IH); August 30 (UV); September 20 (TN)	\$70.00

P = Pericles; IH = An Ideal Husband; UV = Uncle Vanya; TN = Twelfth Night

3. PICK YOUR SEATING

Section D or F - Chairs Section E – Terrace (bring your own low backed beach chair, or rent one onsite)

4. CALCULATE YOUR TOTAL

Quantity ___ @ Price \$ ___ = \$ _____

Handling Fee: \$10

Total Amount Due: \$ _____

5. PAYMENT OPTIONS:

Please charge my: Visa MasterCard American Express

Card # _____ Exp. _____ Name on card _____

Enclosed is my check made payable to California Shakespeare Theater

6. COMPLETE YOUR ORDER:

To place your order, send your order form to Cal Shakes Box Office, 701 Heinz Ave., Berkeley, CA 94710-2732; fax to 510.843.9921; or call 510.548.9666.