SUBSCRIPTION FORM

(for each show, circle date on calendar)

Name	**PLAN** (circle one)
Address	**A** – All 6 shows - **$70.00**
City/State/Zip	**B** – Any 5 shows - **$60.00**
Email	**Individual Box Office Tickets:**
Phone	$15 each; $20.00 musicals

Circle one: Renewal New

_____ of _____ X $_____ = $_____
# of subscriptions — Plan — Price per Subscription — Total

Location Preference (circle one)
Left Front Rows Right Front Rows
Left Back Rows Right Back Rows
Last Season's Seats (if available)

Additional Contributions
*ANGEL ($50.00) $_____
*ANNIVERSARY ANGEL ($93) $_____
Tax Deductible Sustaining Fund $_____
TOTAL ENCLOSED $_____

*SPECIFY NAME OF "ANGEL" TO BE LISTED IN PROGRAM: _____

Please send this form, your check, and a stamped, self-addressed envelope to:
THE VAGABOND PLAYERS, 806 S. Broadway, Baltimore, MD, 21231. Your tickets will be mailed to you.

	FRI 8PM	SAT 8PM	SUN 2PM	FRI 8PM	SAT 8PM	SUN 2PM	FRI 8PM	SAT 8PM	SUN 2PM	FRI 8PM	SAT 8PM	SUN 2PM	FRI 8PM	SAT 8PM	SUN 2PM
Ma Rainey's Black Bottom	9/5	9/6	9/7	9/12	9/13	9/14	9/19	9/20	9/21	9/26	9/27	9/28	----	----	----
Dracula	10/24	10/25	10/26	10/31	11/1	11/2	11/7	11/8	11/9	11/14	11/15	11/16	11/21	11/22	11/23
Romance/Romance	1/9	1/10	1/11	1/16	1/17	1/18	1/23	1/24	1/25	1/30	1/31	2/1	2/6	2/7	2/8
Old Times	2/27	2/28	3/1	3/6	3/7	3/8	3/13	3/14	3/15	3/20	3/21	3 /22	3/27	3/28	3/29
I Hate Hamlet	4/17	4/18	4/19	4/24	4/25	4/26	5/1	5/2	5/3	5/8	5/9	5/10	5/15	5/16	5/17
The Drunkard	6/5	6/6	6/7	6/12	6/13	6/14	6/19	6/20	6/21	6/26	6/27	6/28	---	---	---