

SUBSCRIBE NOW!



SUBSCRIBERS RECEIVE:

- Priority seating at the Julia Morgan Theater
- Ticket exchange privileges (some restrictions apply)
- Reduced rate for seniors and youth (17 and under)
- A free pair of tickets to bring guests (as available)

NAME: _____ PHONE: (DAY) _____ (EVE) _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ PLEASE ADD ME TO YOUR EMAIL LIST

* For *L'Elisir d'amore*, Wednesday subscribers will receive tickets to the performance on Sunday, March 16 at 5 pm.

**ALL PERFORMANCES AT THE JULIA MORGAN THEATER,
2640 College Avenue in Berkeley**

PLEASE INDICATE SERIES AND NUMBER OF SUBSCRIPTIONS YOU WISH TO PURCHASE:

	SATURDAY EVENINGS	WEDNESDAY EVENINGS *	FRIDAY EVENINGS	SUNDAY MATINEES	
Regular Admission -- \$120 ea.					SUBTOTAL _____ x \$120 = \$ _____
Seniors (65 and over) -- \$105 ea.					SUBTOTAL _____ x \$105 = \$ _____
Youth (17 and under) -- \$48 ea.					SUBTOTAL _____ x \$ 48 = \$ _____
Wheelchair (side seating) -- \$48 ea. (also available for companion)					SUBTOTAL _____ x \$ 48 = \$ _____
Sunday, April 13, 4-7 pm: BERKELEY OPERA ANNUAL GALA Special price with subscription: \$65 ea.					SUBTOTAL _____ x \$ 65 = \$ _____

Please indicate any special seating requirements:

The Willows Theater Box Office is handling all Berkeley Opera ticket orders.

PLEASE MAIL YOUR SUBSCRIPTION ORDER TO:

Berkeley Opera Subscriptions
c/o Willows Theater Box Office
1425 Gasoline Alley
Concord, CA 94520

Yes, I would like to support **Berkeley Opera** with a tax-deductible donation:

[Thank you!]

\$ _____

My check for the amount of \$ _____ (payable to **Willows Theater**) is enclosed.

Please charge my (CIRCLE ONE) VISA MC AMEX DISCOVER for the total

TOTAL: \$ _____

amount of \$ _____. My card number is: _____ Exp. ____/____