

CATEGORY

Regular Adult

2024/25 SEASON TICKET APPLICATION FOUR-PLAY PACKAGE

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T. 1 . T. 1	Credit Card		Cheque	Cash	Paid by:
Tickets: Taken At Box office Mailed		Mailed	At Box office	Taken	Tickets:

QUANTITY

Entered in database: _____

TOTAL

Want to lend additional support? Please consider making a tax-deductible donation. Tax receipts are provided for donations of \$25 and more.

PRICE (each)

\$116.00

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Senior	\$104.00						
Donation, with thanks							
TOTAL:							
Credit Card Number:		Expiry:	CVC:				
Subscriber's Name:							
Address: City, Province							
Postal Code: Phone Nu	mber:	Date:					
Email address:							
Other subscriber names (if more than one package purchased):							

If mailing, please send cheque to: United Players of Vancouver

1675 Discovery Street Vancouver, BC V6R 4K5

If you would prefer to provide credit card information by phone, please indicate a good time for us to call.