



PERSONAL INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

Email address _____

* Please indicate preferred method of contact

FRIENDS OF MRT MEMBERSHIP:

- Yes! I want to join the Friends of MRT volunteer group!
 - Enclosed is my \$25.00 check made payable to Merrimack Repertory Theatre
 - Please charge my \$25.00 membership to my:

_____ Visa _____ Mastercard _____ AMEX _____ Discover

Account# _____ Expires _____

Signature _____

Select one opening night performance choice for your two complimentary tickets:

- The Voice of the Turtle* January 8th 7:00pm
- Daddy Long Legs* February 12th 7:00pm
- Mrs. Whitney* March 18th 7:00pm
- Ghost Writer* April 22nd 7:00pm

The Box Office will try to accommodate all requests.

