

**KINGS FILM SERIES – Fall 2010 SUBSCRIPTION FORM**

**YOUR SUBSCRIPTIONS**

Subscriber name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**GIFT SUBSCRIPTIONS (SURPRISE SOMEONE!)**

Subscriber name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Number of subscriptions:  @ \$ 42 each (for 6 films, \$7/film)

Total Amount: \$ \_\_\_\_\_

Contribution To Operating Costs (Optional) \$ \_\_\_\_\_

**Method Of Payment:**

mail to: PO Box 161, Annapolis Royal B0S 1A0 or drop off to the Box Office 209 St. George Street

- Cash
- Cheque (Payable To King's Theatre)
- VISA / MASTERCARD (circle):

Card Number: \_\_\_\_\_

Card Name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_