



2011/2012 SEASON SUBSCRIPTION ORDER FORM

Please circle the appropriate amount:

| | Before July 31 | After July 31 | | Subtotal |
|----------------------------|----------------|---------------|-----------------|----------|
| Full Season, adults | \$125 | \$140 | x _____ = _____ | |
| Full Season, seniors (65+) | \$ 90 | \$100 | x _____ = _____ | |
| Donation* | | | | _____ |
| | | | TOTAL | _____ |

*The ECMS is a registered charitable organization. Receipts will be sent for tax deduction. Thank you!

Please check the appropriate box:

___ The ECMS may acknowledge my donation on its donors' list

___ I wish my donation to remain anonymous

name _____

address _____

city/postal code _____

tel. _____ email _____

PAYMENT METHOD

___ cheque enclosed

___ VISA

___ MasterCard

name on card _____

card number _____ expiry date ____/____/____

_____ signature