



2024/25 SEASON SERIES SUBSCRIPTION FORM

**New subscriptions will be processed
in the order in which they are received
beginning July 1.**

Name: _____

Email: _____

Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

TO BECOME A SERIES SUBSCRIBER:

PLEASE FILL OUT FORM COMPLETELY

PLAYS: All 5 Plays Plays 1-4 Plays 2-5 **# SEATS:** _____

SERIES: _____ (refer to chart on pgs. 6-7)

SEATING REQUEST: _____

If possible, please seat me with _____

ACCESSIBLE SEATING REQUEST: Wheelchair Wheelchair Transfer

Accessible seating is available on a first-come, first-served basis.
We will always try our best to work with you to accommodate your specific request.

Seating requests are completed by the date the order is received
and the contribution level of each subscriber.

BECOME A DONOR

Palm Beach Dramaworks relies on the generosity of our patrons to enable us to continue offering an affordable ticket price and to maintain the superior quality of our productions. We encourage you to consider becoming a donor.

PAYMENT INFORMATION ON REVERSE SIDE

| SEASON SUBSCRIPTION (Refer to prices on pages 6) | # of Seats | Individual Price | Subscription Total |
|---|---|-------------------------|--|
| Series: _____ | _____ | x \$ _____ | \$ _____ |
| F02 Series ONLY: Please add OutStage! (see pg. 5 for details) | 4 Play = \$80 x # of seats 5 Play = \$100 x # of seats | | OutStage Total \$ _____ |
| Perlberg Festival of New Plays Full Package (see page 9 for package details) | Package = \$100 x # of seats | | PFNP Total \$ _____ |
| 25th Anniversary Contribution - THANK YOU! | | | \$ 25.00 |
| Additional Contribution | | | \$ _____ |
| <p>Palm Beach Dramaworks is a 501 (c)(3) not-for-profit corporation and gifts are tax-deductible to the extent provided by law. Federal Tax ID # 65-1040048. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll free (800) 435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state. Reg#CH15836.</p> | | | Processing Fee \$ 12.00 |
| | | | GRAND TOTAL \$ _____ |

PAYMENT

Payment by Credit Card #: _____

Name on Card: _____

Exp. Date: _____ Security Code: _____

Payment by Check (enclosed) Check #: _____

Please remit this form and payment using the envelope provided in the subscription packet. By making payment you agree to our ticketing procedures and policies on page 5.

Signature: _____

EMAIL MY TICKETS **HOLD AT BOX OFFICE**

Summer address (if applicable):

ANNUAL DATES AT THIS ADDRESS: From: _____ to _____

FOR OFFICE USE ONLY

Received on _____ by _____

Paid on _____ by _____ Seated on _____ by _____