

PALM BEACH DRAMAWORKS SUBSCRIPTION RELEASE FORM

Print Your Name: _____

Your Signature: _____

(By signing your name you are authorizing Palm Beach Dramaworks to release seats to the friends listed below.)

Select One: I am Releasing Series: _____ Seat #'s: _____ to the friends I have listed below.

I am Adding New Subscription Seats for the friends listed below, in their own name.

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

If you have a summer address, please fill in the following:

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

Dates you will be away from Florida:

_____ to _____

E-mail address: _____

I give my permission for the following two people to pick up or make changes to my tickets: _____

Select One: Plays 1 - 5 Plays 1 – 4 Plays 2 - 5

Special Seating Need: _____

of Subscribers _____ @ \$ _____ = \$ _____

(Please refer to Subscription Series Chart for prices.)

Tax Deductible Annual Fund Contribution + \$ _____

Handling Fee + \$ 5.00

Grand Total = \$ _____

Payment: Check Visa MC Discover Amex

Credit Card #: _____

Exp. Date: _____ Security Code: _____

I HAVE READ AND AGREE TO THE SUBSCRIBER TICKETING AND EXCHANGE BENEFITS.

Signature: _____

ALL SALES ARE FINAL - NO REFUNDS