

## PALM BEACH DRAMAWORKS SUBSCRIPTION CARD

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

Email Address: \_\_\_\_\_

Local Phone: (            ) \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Dates at above address: \_\_\_\_\_ to \_\_\_\_\_

### CHOOSE YOUR SERIES

- ◆ Refer to subscription series chart on pages 6-7

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Seating Request: \_\_\_\_\_

\_\_\_\_\_

- ◆ Select the plays you'd like to see:  Plays 1 - 5  Plays 1 - 4  Plays 2 - 5

- ◆ This year, I wish to sit with (first and last name): \_\_\_\_\_

\_\_\_\_\_

- ◆ I give permission for the following two people to pick up or make changes

to my tickets: \_\_\_\_\_

\_\_\_\_\_

- I wish to add a Dramalogue subscription

# of Tickets: \_\_\_\_\_  Tuesdays at 2pm  Tuesdays at 7pm

Seating Request: \_\_\_\_\_

I wish to sit with: \_\_\_\_\_

**Dramalogue seating is done separately from season subscription seating.**

**PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION**

	# of People	Individual Price	Total
<b>Season Subscription(s)*</b> (see Series Chart for prices)		\$	\$

<b>Dramalogue</b> (see page 4 for prices)		\$	\$
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**WHEN CONSIDERING YOUR DONATION, PLEASE NOTE THAT  
TICKET SALES COVER ONLY HALF OF OUR ANNUAL EXPENSES.**

<b>Tax Deductible Contribution</b> (see page 5 for VIP Levels)		\$
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Donor Name (for listing): \_\_\_\_\_

(Handling fee is waived for VIP donors  
and Loyalty Levels IV and V)

<b>Handling Fee +</b>	\$ 5.00
<b>GRAND TOTAL</b>	\$

Payment:  Check  Visa  MC  Discover  AmEx

Check / Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**I HAVE READ AND AGREE TO THE  
SUBSCRIBER TICKETING AND EXCHANGE INFORMATION ON PAGE 8.  
ALL SALES ARE FINAL - NO REFUNDS**

Signature: \_\_\_\_\_

\* If your subscription includes people outside of your household, please provide their information below. (Attach an extra page if necessary.)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Order Received On \_\_\_\_\_ By \_\_\_\_\_ PHONE MAIL COUNTER DROP OFF

Paid On \_\_\_\_\_ By \_\_\_\_\_ Seated By \_\_\_\_\_ Double Checked By \_\_\_\_\_

Called 1st Play Date \_\_\_\_\_ By \_\_\_\_\_