

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 New Year / New Plays Festival subscription

of Tickets: _____

Seating Request: _____

I wish to sit with: _____

Festival seating is done separately from season subscription seating.

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION

| | # of People | Individual Price | Total |
|---|-------------|------------------|-------|
| Season Subscription(s)* (see Series Chart for prices) | | \$ | \$ |

| | | | |
|---|--|----|----|
| New Year / New Plays Festival (see page 4 for prices) | | \$ | \$ |
|---|--|----|----|

**WHEN CONSIDERING YOUR DONATION, PLEASE NOTE THAT
TICKET SALES COVER ONLY HALF OF OUR ANNUAL EXPENSES.**

| | | |
|---|--|----|
| Tax Deductible Contribution (see page 5 for VIP Levels) | | \$ |
|---|--|----|

Donor Name (for listing): _____

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

| | |
|-----------------------|---------|
| Handling Fee + | \$ 7.00 |
| GRAND TOTAL | \$ |

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: _____

FOR OFFICE USE ONLY

Order Received On _____ By _____ PHONE MAIL COUNTER DROP OFF

Paid On _____ By _____ Seated By _____ Double Checked By _____

Called 1st Play Date _____ By _____