



2023-2024 SEASON SERIES SUBSCRIPTION FORM

**New subscriptions will be charged upon receipt,
and processed in the order by which they are
received beginning June 20.**

Name: _____

Email Address: _____

Local Phone: () _____

Local Address: _____

City: _____ State: _____ Zip: _____

TO BECOME A SEASON SUBSCRIBER:

PLEASE FILL OUT FORM COMPLETELY

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

SERIES: _____ (refer to chart on pg. 6)

SEATING REQUEST: _____

If possible, please seat me with _____

ACCESSIBLE SEATING REQUEST:  Wheelchair  Wheelchair Transfer

Other Request _____

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

F02 Series ONLY: Please add OutStage! (see pg. 9 for details)	4 Play = \$80 x # of seats 5 Play = \$100 x # of seats	Outstage Total \$ _____
--	---	-----------------------------------

SEASON SUBSCRIPTION (Refer to prices on page 6-7) Series: _____	# of Seats	Individual Price	Subscription Total
	_____	x \$ _____	\$ _____

Your Donations Make Our Work Possible!

THANK YOU!	<input type="checkbox"/> Annual Fund	<input type="checkbox"/> Sustainer	<input type="checkbox"/> Monthly Giving
Publication Listing Name: _____		Amount: \$ _____	

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.

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 9.
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 _____