



2026/27 SEASON SUBSCRIPTION FORM

New subscriptions will be processed in the order
in which they are received beginning in June.

Name: _____

Email: _____

Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

HOW TO COMPLETE THIS FORM

Select your subscription option, indicate seating request and/or add *Hershey Felder: The Piano & Me*, choose your ticket delivery method, and return the completed form by the deadline.

PLAYS: All 5 Plays 4 Plays: Play 1 Play 2 Play 3 Play 4 Play 5

PLEASE FILL OUT FORM COMPLETELY

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

SEATING REQUEST: _____

ADD *Hershey Felder: The Piano & Me**

*This performance does not count toward a 4 or 5 play subscription. Performance will match subscriber's series.

If my seating request cannot be met, please:

retain my current seats make any improvement possible

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.

DIGITAL TICKET DELIVERY **HOLD AT BOX OFFICE**

PAYMENT INFORMATION ON REVERSE SIDE

SEASON SUBSCRIPTION (Refer to prices on page 6)	# of Seats	Individual Price	Subscription Total
Series: _____	_____	x \$ _____	\$ _____
Please add <i>Hershey Felder: The Piano & Me</i> (see pg. 4 for details)			Hershey Felder Total \$ _____
Tax-deductible Contribution			\$ _____
Processing Fee			\$ 12.00
GRAND TOTAL			\$ _____

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.

Palm Beach Dramaworks is a 501(c)(3) nonprofit 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.

PAYMENT

Name on Card: _____

Payment by Credit 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: _____

Summer address (if applicable):

ANNUAL DATES AT THIS ADDRESS: From: _____ to _____

FOR OFFICE USE ONLY

Received on _____ by _____

Paid on _____ by _____ Seated on _____ by _____