



My Subscription Form



STEP 1

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

STEP 2

Renewal

New Subscriber

Seating Preferences for
New Subscriber

**Subject to availability*

1st Choice _____

2nd Choice _____

STEP 3

Series Date Selection:

Please mark your series date and time selection:

- | | |
|--|--|
| <input type="checkbox"/> 1 st | <input type="checkbox"/> Monday Matinee 2 p.m. |
| | <input type="checkbox"/> Tuesday Matinee 2 p.m. |
| | <input type="checkbox"/> Tuesday Evening 7:30 p.m. |
| | <input type="checkbox"/> Wednesday Matinee 2 p.m. |
| | <input type="checkbox"/> Wednesday Evening 7:30 p.m. |
| <hr/> | |
| <input type="checkbox"/> 2 nd | <input type="checkbox"/> Monday Matinee 2 p.m. |
| | <input type="checkbox"/> Tuesday Matinee 2 p.m. |

STEP 4 - MUSICAL MEMORIES

Subscribers \$169 | Patron \$199 | Personal Angel \$239 | Archangel \$269 | Benefactor \$1,000 - \$3,500

Musical Memories Level <i>(x the number of subscriptions)</i>	\$ _____
Processing Fee (per order)	+ \$ <u>5.00</u>
GRAND TOTAL	= \$ _____

STEP 5

Method of Payment:

Check • Visa • MasterCard • Discover • American Express

Please make checks payable to **Delray Beach Playhouse**
or fill in credit card information below.

ALL TICKETS ARE NON-REFUNDABLE.

Credit Card # _____

Exp. Date _____ CVC # _____

All membership applications must be signed.

Signature _____