



My Subscription Form

STEP 1

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

STEP 2

I want to subscribe

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"/> Thursdays 7 p.m. |
| <input type="checkbox"/> 2 nd | <input type="checkbox"/> Fridays 7 p.m. |
| | <input type="checkbox"/> Saturday Matinees 1 p.m. |
| | <input type="checkbox"/> Saturday Evenings 7 p.m. |
| | <input type="checkbox"/> Sunday Matinees 1 p.m. |
| | <input type="checkbox"/> Wednesday Matinee 1 p.m.* |

**Wednesday is a lunch box matinee performance only offered in the final week of show run.*

STEP 4 OFF- BROADWAY SERIES

- Premium Subscription: Subscriber \$239 | Patron \$279 | Personal Angel \$309 | Archangel \$339
- Standard Subscription: Subscriber \$199 | Patron \$239 | Personal Angel \$269 | Archangel \$299
- Lunch Box Matinee Subscription: \$199

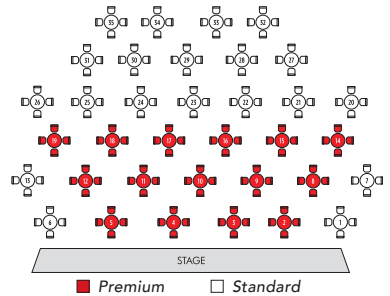
Off-Broadway Level \$ _____

(x # of subscriptions)

Processing Fee (per order) +\$ 5.00

TOTAL =\$ _____

OFF-BROADWAY seating chart



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 _____