



Renew My Subscription!



Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

PLEASE NOTE: We strongly recommend only one family per subscription. Multiple families on one subscription limits your ability to exchange.

I'M COMING BACK!

I'M NEW!

<input type="checkbox"/> No Changes	<input type="checkbox"/> Renewal: Changes <i>*Subject to availability</i>	<input type="checkbox"/> Day	<input type="checkbox"/> New Subscriber
-------------------------------------	--	------------------------------	---

Seating Preferences:

**Subject to availability*

1st Choice _____ 2nd Choice _____

of Subscriptions _____ x \$60 = _____

Processing Fee: _____ + **\$5.00**

Total = _____

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 membership applications must be signed.

ALL TICKETS ARE NON-REFUNDABLE.

Credit Card # _____

Exp. Date _____ CVC # _____

Signature _____

Ticket Exchange Policy

Tickets **MUST** be received by the Box Office no later than **3 days prior to original show date.**