



Renew My Subscription!

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Renewal

No Changes

New Subscriber

New Subscriber

Seating Preferences for New Subscriber

**Subject to availability*

_____ 1st Choice _____ 2nd Choice

Series Date Selection: 1st Fri., Sat. Mat., Sat. Eve., or Sun.
2nd Fri., Sat. Mat., Sat. Eve., or Sun.
3rd Fri., Sat. Mat., Sat. Eve., or Sun.
Please circle your day and time selection

Main Stage Plays Subscription Level \$ _____

(x the number of subscriptions)

**see page 12 for levels*

**see page 12 for series date selection*

Processing Fee (per order) + \$ _____ 5.00

Donate Credits (if any) from Previous Year CHECK HERE (✓)

Use Credits (if any) from Previous Year - \$ _____

GRAND 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 _____