



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 Mon. - Mat. or Eve
 1st Tues. - Mat. or Eve
 1st Wed. - Mat. or Eve

Please circle your day and time selection

Musical Memories Subscription Level \$ _____
(x the number of subscriptions)
**see page 17 for levels and 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 _____