

DUNCAN THEATRE 2018-19 NEW SUBSCRIPTION ORDER FORM

Please provide all requested information to avoid any delay in processing your order.

If you do not live at **this** ↓ address year round, please provide your **second address** ↓ *and when you can be reached there.*

Address _____

City / State / Zip _____

I live at this address from _____ to _____

Preferred Contact Number: _____ My Alternate Phone Number is: _____

E-mail address for Duncan Theatre Updates: _____

YOU MUST CHECK EITHER **YES** OR **NO** BELOW TO COMPLETE YOUR ORDER

- YES, I have joined & completed my Membership form at the \$_____ Level.**
- NO, I have not become a member. I understand that I will be seated after the Annual Members.**
- Please accept my donation of \$_____

Referred by: _____

REMEMBER, THE NUMBER OF PRIORITY SUBSCRIPTION YOU MAY PURCHASE DEPENDS ON YOUR MEMBERSHIP LEVEL.

MAIL YOUR ORDER FORM TODAY!

_____ Friday Night Dance Series @ 8PM	Orchestra	# of tickets _____	@ \$150.00	Total: \$ _____
	Balcony	# of tickets _____	@ \$150.00	Total: \$ _____
_____ Saturday Night Dance Series @ 8PM	Orchestra	# of tickets _____	@ \$150.00	Total: \$ _____
	Balcony	# of tickets _____	@ \$150.00	Total: \$ _____
_____ Jukebox Music Series @ 8PM	All Seats	# of tickets _____	@ \$132.00	Total: \$ _____
_____ Mix Tape Series @ 8PM	All Seats	# of tickets _____	@ \$95.00	Total: \$ _____
_____ Classical Café Series @ 2PM	All Seats	# of tickets _____	@ \$119.00	Total: \$ _____
_____ Stars of Broadway Series @ 8PM	All Seats	# of tickets _____	@ \$ 75.00	Total: \$ _____

(NEW SERIES)

Membership / Donation \$ _____

Handling Fee \$ 5.00

TOTAL AMOUNT ENCLOSED (TOTAL OF ABOVE) \$ _____

All Series tickets will be mailed in OCTOBER

Please indicate if you have these needs: _____ wheelchair seats _____ aisle seats

Please Note: *The Duncan Theatre's aisles are on the sides of the theatre, not in the center. The Balcony has no elevator or restrooms.*

_____ My check payable to **Palm Beach State College** is enclosed: # _____ \$ _____

Please charge to: ___VISA ___MC ___AMEX Signature _____

FOR OFFICE USE ONLY: Date Paid _____ Amount Paid \$ _____ Seats Assigned _____

Date Paid _____ Amount Paid \$ _____ Seats Assigned _____

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RETURN COMPLETED FORM AND PAYMENT TO: DUNCAN THEATRE BOX OFFICE, P.O. BOX 1203, LAKE WORTH, FL 33460

Card # _____ Exp. Date _____ / _____ cvv # _____