

DOLLY HAND CULTURAL ARTS CENTER
2019-20 NEW SUBSCRIPTION ORDER FORM

Deadline: July 31, 2019

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.*

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

_____ Address

_____ City / State / Zip

I live at this address from _____ to _____

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

E-mail address for Dolly Hand Cultural Arts Center 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 \$_____

REMEMBER, THE NUMBER OF PRIORITY SUBSCRIPTIONS YOU MAY PURCHASE DEPENDS ON YOUR MEMBERSHIP LEVEL.
MAIL YOUR ORDER FORM TODAY! Tickets will be mailed in October.

_____ Professional Guest Artist Series (6 shows) Adult # of tickets _____ @ \$150.00 Total: \$ _____
Student/Child # of tickets _____ @ \$78.00 Total: \$ _____

_____ Snowbird Guest Artist Series (5 shows) Adult # of tickets _____ @ \$120.00 Total: \$ _____
(state/province of residency _____)

Order processing & Handling Fee \$ 5.00

Honor Roll Membership Donation \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

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

_____ My check(s) 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 _____

5-19 **RETURN COMPLETED FORM AND PAYMENT TO: DOLLY HAND CAC, 1977 SW COLLEGE DRIVE, BELLE GLADE, FL 33430**

Card # _____ Exp. Date ____/____ CVC Code: _____