

DOLLY HAND CULTURAL ARTS CENTER SUBSCRIPTION FORM – 2020-2021
RENEWAL DEADLINE: OCTOBER 16, 2020 **TICKETS MAILED IN DECEMBER**

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 Dolly Hand CAC updates: _____

YOU MUST CHECK EITHER YES OR NO BELOW TO COMPLETE YOUR RENEWAL

- 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 \$_____**

Section, Row, Seat(s):

I would like to receive a phone call to discuss my seat location _____

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

_____ Professional Guest Artist Series (5 shows)

Adult # of tickets _____ @ \$130 Total: \$ _____
Student/Child # of tickets _____ @ \$64 Total: \$ _____

Order processing & Handling Fee \$ 5.00

Honor Roll Membership Donation \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

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

*RETURN COMPLETED FORM & PAYMENT TO:
DOLLY HAND CULTURAL ARTS CENTER, 1977 SW COLLEGE DRIVE, BELLE GLADE, FL 33430*

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

_____ Please charge to: ___VISA ___MC ___AMEX Signature _____

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

8-20

Card # _____ Exp. Date ____/____/____ CSC: _____