

DOLLY HAND CULTURAL ARTS CENTER 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.*

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 \$_____

___ My Membership/Donation check payable to: Palm Beach State College Foundation # _____

___ Charge my Membership/Donation to the credit card below.

**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.**

_____ "Music & More!" Series (6 shows) Adult # of tickets _____ @ \$150.00 Total: \$ _____

Student/Child # of tickets _____ @ \$78.00 Total: \$ _____

NEW! All performances begin at 7pm!

Order processing & Handling Fee: \$ 5.00

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 _____

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