

2020-21 DUNCAN THEATRE SUBSCRIPTION **FIRST-TIME Subscriber** 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: _____ St: _____ Zip: _____

_____ Address

_____ City / State / Zip

I live at this address from _____ to _____

Cell Phone Number: _____ Alternate Phone Number is: _____

E-mail address for Duncan Theatre Updates: _____

YOU MUST CHECK EITHER YES OR NO BELOW TO COMPLETE YOUR SUBSCRIPTION 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: _____

IF YOU WISH TO MAKE CHANGES TO YOUR CURRENT SUBSCRIPTION, PLEASE INDICATE BELOW. REMEMBER, THE NUMBER OF PRIORITY SUBSCRIPTIONS YOU MAY PURCHASE DEPENDS ON YOUR MEMBERSHIP LEVEL. MAIL YOUR RENEWAL 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: \$ _____
_____ MixTape Series: Top 40 Hits @ 8PM	All Seats	# of tickets _____	@ \$95.00	Total: \$ _____
_____ MixTape Series: Rock 'n Roll @ 8PM	All Seats	# of tickets _____	@ \$95.00	Total: \$ _____
_____ Classical Café Series @ 2PM	All Seats	# of tickets _____	@ \$149.00	Total: \$ _____
	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** _____

RETURN COMPLETED FORM AND PAYMENT TO: DUNCAN THEATRE BOX OFFICE, P.O. BOX 6227, LAKE WORTH, FL 33466

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

6-20 Date Paid _____ Amount Paid \$ _____ Seats Assigned _____

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