

DUNCAN THEATRE 2017-18 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 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 SUBSCRIPTIONS YOU MAY PURCHASE DEPENDS ON YOUR MEMBERSHIP LEVEL.

MAIL YOUR ORDER FORM TODAY!

_____ Friday Night Dance Series	Orchestra	# of tickets _____	@ \$145.00	Total: \$ _____
@ 8PM	Balcony	# of tickets _____	@ \$140.00	Total: \$ _____
_____ Saturday Night Dance Series	Orchestra	# of tickets _____	@ \$145.00	Total: \$ _____
@ 8PM	Balcony	# of tickets _____	@ \$140.00	Total: \$ _____
_____ Jukebox Music Series @ 8PM	All Seats	# of tickets _____	@ \$129.00	Total: \$ _____
_____ Mix Tape Series @ 8PM	All Seats	# of tickets _____	@ \$90.00	Total: \$ _____
_____ Classical Café Series @ 2PM	All Seats	# of tickets _____	@ \$115.00	Total: \$ _____

All Series tickets will be mailed in OCTOBER

Membership / Donation \$ _____
Handling Fee \$ 7.00

TOTAL AMOUNT ENCLOSED (TOTAL OF ABOVE) \$ _____

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 _____

5-19 **RETURN COMPLETED FORM AND PAYMENT TO: DUNCAN THEATRE BOX OFFICE, P.O. BOX 1203, LAKE WORTH, FL 33460**

Card # _____ Exp. Date _____ / _____