

# DUNCAN THEATRE

## 2021 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: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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.**

___	MixTape Series: Top 40 Hits	8:00pm	All Seats	# of tickets @	___	\$95.00	Total: \$	___
___	MixTape Series: Rock n' Roll	8:00pm	All Seats	# of tickets @	___	\$95.00	Total: \$	___
							Membership/Donation	___
							Handling Fee	\$5.00
							TOTAL AMOUNT ENCLOSED (TOTAL OF ABOVE)	___

**All Series tickets will be  
mailed in DECEMBER**

Please indicate if you have these needs: \_\_\_ wheelchair seats \_\_\_ aisle seats

*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: # \_\_\_\_\_ \$ \_\_\_\_\_

Charge to: \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX Signature \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ CVV# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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

**MAIL YOUR ORDER TODAY!**

PALM BEACH STATE  
COLLEGE

**Welcome to Duncan Theatre Membership!** Designed to support the programs of the Duncan Theatre. Your annual membership dollars will allow the theatre to continue its long history of presenting outstanding performing arts experiences. All levels of Membership afford you...

- ❖ Access to seating prior to public sale
- ❖ Recognition in season program book and on Theatre Lobby Season Honor Roll
- ❖ Advanced notice of added performances
- ❖ Discounts on tickets to select Duncan Theatre presented events as available
- ❖ Waiver of Lost Ticket fees
- ❖ Reciprocal Benefits at all Palm Beach State College Theatres (Duncan Theatre, Dolly Hand CAC & Eissey Campus Theatre)

All memberships are seasonal and run through April 30 each year.

**Now choose your level of Membership - additional benefits based on your level of membership include:**

<i>Benefits</i>	<i>Director \$100</i>	<i>Producer \$250</i>	<i>Dean \$500</i>	<i>Provost \$1,000</i>	<i>President \$5,000</i>
All benefits listed above	★	★	★	★	★
<b>Priority Seating</b> - opportunity to purchase up to <b>4</b> subscriptions or individual tickets per show before non-members	★				
<b>Priority Seating</b> - opportunity to purchase up to <b>6</b> subscriptions or individual tickets per show before non-members		★			
<b>Priority Seating</b> - opportunity to purchase up to <b>8</b> subscriptions or individual tickets per show before non-members			★		
<b>Priority Seating</b> - opportunity to purchase up to <b>10</b> subscriptions or individual tickets per show before non-members				★	★
Invitation for the Annual Foundation Reception Event			★	★	★
Opportunity to attend a working rehearsal, as available			★	★	★
Take-A-Seat plaque recognition				★	★
Sponsorship of individual production as applicable					★

**PLEASE RETURN THIS FORM WITH YOUR ORDER**

**I HAVE SELECTED THE FOLLOWING MEMBERSHIP LEVEL:**

DIRECTOR (\$100)    PRODUCER (\$250)    DEAN (\$500)    PROVOST (\$1,000)    PRESIDENT (\$5,000)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST. Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list my name in the program as:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

Please Make Check Payable To: Palm Beach State College Foundation, Inc.   Check Enclosed: \_\_\_\_\_   Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_   Exp. Date \_\_\_\_\_ / \_\_\_\_\_   CVV# \_\_\_\_\_   Billing Zip Code \_\_\_\_\_

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