

EISSEY CAMPUS THEATRE 2017-18 SUBSCRIPTION ORDER FORM

All subscriptions must be completed using this form. No phone orders will be accepted.

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: _____

If purchasing more than one subscription, please list persons authorized to make changes to tickets:

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.

***IF YOU DO NOT PURCHASE A MEMBERSHIP, THE BOX OFFICE WILL SELECT YOUR SEATS**

_____ **Arts In the Gardens** Orchestra # of tickets _____ @ \$140.00 Total: \$ _____
@ 8PM Balcony # of tickets _____ @ \$110.00 Total: \$ _____

_____ **Rockin' Radio in the Gardens** # of tickets _____ @ \$115.00 Total: \$ _____
@ 8PM

_____ **Goldner Family Fun Series (@Eissey)** # of tickets _____ @ \$33.00 Total: \$ _____

_____ **Family Fun Series (@ Duncan Theatre)** # of tickets _____ @ \$33.00 Total: \$ _____

Membership / Donation Total: \$ _____

Processing/Handling Fee Total: **\$7.00**

Total Amount Enclosed \$ _____

Please indicate if you have these needs: _____ wheelchair seats _____ no stairs _____ aisle

Note: Climbing stairs is required for all rows except Row A and L in the orchestra and Row EE in the balcony.

_____ Tickets will be mailed in October 2017.
Initial Would you like us to mail your tickets or keep them at will call? Mail Will Call
If you do not check the box and initial this, your subscription tickets will be held in Will Call.

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

_____ Please charge to: VISA MC AMEX DISCOVER

Card # _____ Exp. Date _____ / _____
CVV Code _____

Signature: _____

RETURN COMPLETED FORM AND PAYMENT TO: EISSEY CAMPUS THEATRE, PO BOX 31285, PALM BEACH GARDENS, FL 33420