

SUBSCRIPTION ORDER FORM

Subscription Renewal New Subscriber

Special Seating Needs (*Handicapped, Visually/Hearing Impaired, etc. Please explain your needs*)

SEATING

I would like seats as close as possible to what I had last year *OR*

Select seats by circling one option on each line:

SERIES: Series 1 Series 2 Series 3 Series 4 Series 5

ROWS: Rows A-F Rows GG-MM

SECTIONS: Left Center Right Aisle Seat? Yes No

_____ Adult Subscriptions: \$50 each \$ _____

_____ Senior/Military/Student Subscriptions: \$39 each \$ _____

_____ Flex Subscriptions: Adult \$50 each \$ _____

_____ Flex Subscriptions: Senior/Student/Military \$39 each \$ _____

CONTRIBUTIONS TO FtP (\$250+ receive Season Tickets)

STAR • \$1000 Contribution (includes 8 season tickets) \$ _____

ANGEL * \$500-\$999 Contribution (includes 4 Season Tickets) \$ _____

PRODUCER • \$250-\$499 Contribution (includes 2 Season Tickets) \$ _____

SPONSOR • \$100-\$249 Contribution \$ _____

PATRON • \$50-\$99 Contribution \$ _____

SUSTAINING MEMBER • \$35-\$49 Contribution \$ _____

FtP's 2010-2011 Membership Dues (\$10 per person) \$ _____

NEW! FtP LIFETIME MEMBERSHIP! (\$150 per person) \$ _____

SUBTOTAL \$ _____

I (we) would like to be listed in next season's program as:

*Please note: Contributions are tax-deductible. Membership dues and tickets are not.
Single tickets are also available online at www.fredericktowneplayers.org*

TOTAL ENCLOSED \$ _____

PAYMENT METHOD: Check (Made payable to The Fredericktowne Players, Inc.)

Credit Card: Visa Mastercard (*We cannot accept AMEX or Discover at this time*)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

CREDIT CARD # _____ EXP DATE _____

SIGNATURE _____

Detach order form and send to: The Fredericktowne Players, Inc., P.O. Box 1479, Frederick, MD 21702. Tickets can be kept at Will-Call for each show or, if you prefer, delivered to you via mail in September. Exchanges are available. Sorry, no refunds.