



2010 - 2011 Subscriptions and Flex Tickets

STEP 1:

Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Email: _____

STEP 2: PICK A PACKAGE

Available performances	<input type="checkbox"/> 5-Show Season Package [^]		<input type="checkbox"/> 7-Show Season Package	
	Regular Price	Your price (8% off)	Regular Price	Your price (12% off)
preview Th/Fri/Sun	\$115	\$105/\$115*	\$159	\$138/\$152*
preview Sat	\$155	\$144/\$150*	\$215	\$187/\$201*
opening Fri/Sat 8pm	\$200	\$184/\$194*	\$278	\$243/\$256*
Thurs 8pm	\$140	\$129/\$139*	\$194	\$172/\$186*
Fri 8pm/Sun 2pm	\$165	\$150/\$160*	\$229	\$201/\$214*
Sat 3pm	\$130	\$120/\$129*	\$180	\$158/\$172*

* Denotes Premium seating price (rows A-D and center aisle pairs).

[^]5-show Season Packages include: *Sonia Flew*, *The Drowsy Chaperone*, *The War Since Eve*, *The Piano Lesson* and *Circle Mirror Transformation*.

<input type="checkbox"/> Flex Ticket Packages	<input type="checkbox"/> Student Rates	
	Five Shows [^] (40% off)	Seven Shows (45% off)
6 preview tix - \$120 10 preview tix - \$200 6 anytime tix - \$156 10 anytime tix - \$250	preview Th/Fri/Sun	\$ 68/\$ 73* \$ 87/\$ 94*
	preview Sat	\$ 87/\$ 98* \$121/\$128*
	opening Fri/Sat 8pm	\$118/\$128* \$150/\$163*
	Thurs 8pm	\$ 83/\$ 88* \$108/\$115*
	Fri 8pm/Sun 2pm	\$ 92/\$103* \$128/\$135*
	Sat 3pm	\$ 78/\$ 83* \$101/\$108*

Flex Tix can be used for any show. * Denotes Premium seating price.

STEP 3: PICK YOUR DATE

(not required for Flex Packages)

Performance Requested (i.e. 1st Sunday)

First Choice:
 Second Choice:

STEP 4: DONATIONS AND TOTAL

Price per package:
 (please note standard vs. premium)

Number of Packages:

Sub Total:

Tax-deductible membership, \$65:
 (donors of \$150 or more are invited to our "Subscribers' Choice" Awards ceremony)

Additional donation:

Handling: \$9

Total enclosed:

Check here to pay in 3 monthly installments. Please include your credit/debit card #

STEP 5: SPECIAL REQUESTS/NEEDS

STEP 6: PAYMENT

- Enclosed is a check payable to Performance Network
- Please charge my Mastercard/Visa/Discover/AmEx

Name on card: _____
 Number: _____ Exp: _____ cvv #: _____
 Signature: _____

For office use only
 Pmt _____ Bkd _____
 Date _____

Subscriptions are non-refundable.