

Name _____

Address _____

City _____ State _____ Zip _____

Phone* _____ E-mail* _____

* phone or e-mail is required

SUBSCRIPTION PACKAGES

Please place a check next to the series you prefer:

<input type="checkbox"/> FIRST FRIDAYS @ 7:30 PM	9/13/19	11/8/19	1/24/20	3/20/20
<input type="checkbox"/> FIRST SATURDAYS @ 7:30 PM	9/14/19	11/9/19	1/25/20	3/21/20
<input type="checkbox"/> FIRST SUNDAYS @ 2:00 PM	9/15/19	11/10/19	1/26/20	3/22/20
<input type="checkbox"/> SECOND WEDNESDAYS @ 7:30 PM	9/18/19	11/13/19	1/29/20	3/25/20
<input type="checkbox"/> SECOND THURSDAYS @ 7:30 PM	9/19/19	11/14/19	1/30/20	3/26/20
<input type="checkbox"/> SECOND FRIDAYS @ 7:30 PM	9/20/19	11/15/19	1/31/20	3/27/20
<input type="checkbox"/> SECOND SATURDAYS @ 2:00 PM	9/21/19	11/16/19	2/1/20	3/28/20
<input type="checkbox"/> SECOND SATURDAYS @ 7:30 PM	9/21/19	11/16/19	2/1/20	3/28/20
<input type="checkbox"/> SECOND SUNDAYS @ 2:00 PM	9/22/19	11/17/19	2/2/20	3/29/20
<input type="checkbox"/> THIRD WEDNESDAYS @ 7:30 PM	9/25/19	11/20/19	2/5/20	4/1/20
<input type="checkbox"/> THIRD THURSDAYS @ 7:30 PM	9/26/19	11/21/19	2/6/20	4/2/20
<input type="checkbox"/> THIRD FRIDAYS @ 7:30 PM	9/27/19	11/22/19	2/7/20	4/3/20
<input type="checkbox"/> THIRD SATURDAYS @ 2:00 PM	9/28/19	11/23/19	2/8/20	4/4/20
<input type="checkbox"/> THIRD SATURDAYS @ 7:30 PM	9/28/19	11/23/19	2/8/20	4/4/20
<input type="checkbox"/> THIRD SUNDAYS @ 2:00 PM	9/29/19	11/24/19	2/9/20	4/5/20

SECTION A: MAIN FLOOR CENTER

		QTY	TOTAL
ADULT	\$184		\$
SENIOR 62+	\$160		\$
STUDENT	\$120		\$

Special Seating Requests:

SECTION B: MAIN FLOOR SIDES & BALCONY

		QTY	TOTAL
ADULT	\$138		\$
SENIOR 62+	\$118		\$
STUDENT	\$86		\$

PRICES INCLUDE ALL FOUR MAINSTAGE PLAYS

SUBSCRIPTION SUBTOTAL

\$ _____

Tax Deductible Contribution

\$ _____

Please consider a donation. For donor levels and benefits, including priority subscription seating at the \$100+ level, visit ForwardTheater.com

HANDLING FEE

\$ **10** _____

REQUIRED for all orders

TOTAL

\$ _____

PAYMENT METHOD

I am mailing a check, along with this form, to Forward Theater Company, P.O. Box 14574, Madison, WI 53708

Please charge my credit card: Visa MC Disc. AmEx

Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____