

SELECT PERFORMANCE OPTIONS - choose one of the following

- ☐ **FLEX PASS SUBSCRIPTION** – choose your night and seat at a later time, **OR**
☐ **SAME PERFORMANCE NIGHT AND SEATS AS LAST YEAR** – if received by July 18th
OR Place a 1 by your first choice, a 2 by your second

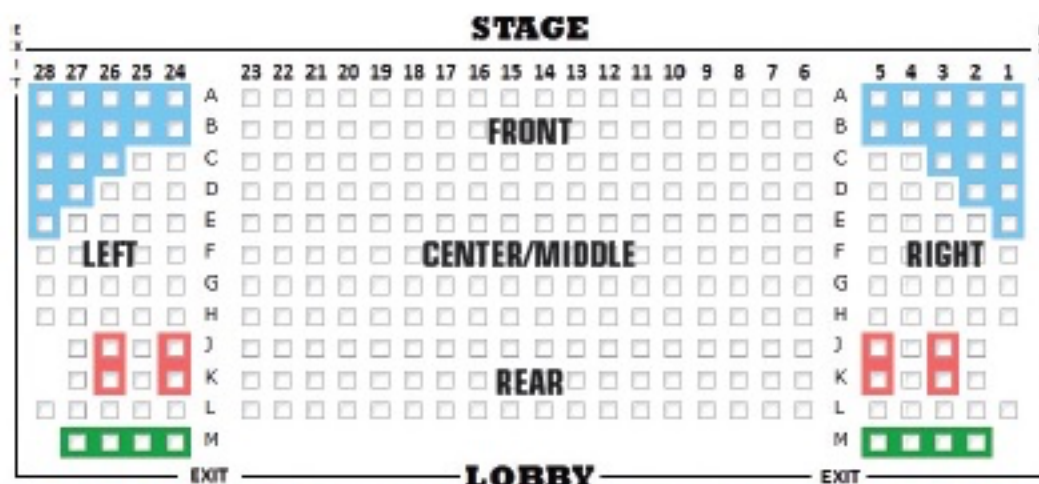
_____ 1st Thursday	_____ 2nd Thursday	_____ 3rd Thursday
_____ 1st Friday	_____ 2nd Friday	_____ 3rd Friday
_____ 1st Sat. matinee	_____ 2nd Sat. matinee	_____ 3rd Sat. matinee
_____ 1st Sat. evening	_____ 2nd Sat. evening	_____ 3rd Sat. evening

CIRCLE SEATING SECTION: Choose One: Front Middle Rear

aisle seat: ☐ Yes Choose One: Left Center Right

SPECIAL REQUESTS: ☐ Wheelchair seating Other: _____

Please note any disabilities that should be taken into account when assigning seats: _____



If subscribing for friends with whom you would like to sit, please enclose additional forms for each person and **mail them together**. The Players cannot guarantee group seating requests if we do not receive the forms together. Forms can be downloaded and printed from our website:
www.williamsburgplayers.org.

For Office Use Only: Date: _____ Seats: _____

PAYMENT Check one: ☐ Check ☐ Visa ☐ M/C ☐ Discover

Account Number: _____

Expiration Date: _____ Vcode: _____

3-digit Vcode is on the back of your card at the end of the signature line

Signature: _____

Please print your name and contact information below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

NOTE: All prices are for one season ticket only – good for one seat each production!

QTY

AMOUNT

_____ **ANGEL @ \$275 each** (\$200 tax deductible donation) \$ _____

_____ **BENEFACTOR @ \$225 each** (\$150 tax deductible donation) \$ _____

_____ **FRIEND @ \$175 each** (\$100 tax deductible donation) \$ _____

_____ **PATRON @ \$125 each** (\$50 tax deductible donation) \$ _____

_____ **SUPPORTER @ \$75 each** \$ _____

I would like to offer an additional tax-deductible donation to my subscription remittance in the amount of \$ _____

TOTAL \$ _____