

Date _____

Mr./Mrs./Ms. (circle one) _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers (Daytime) _____ (Evening) _____

E-Mail Address _____

- How did you hear about us?
- | | |
|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Mailer (i.e. postcard) |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Website |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Other _____ | |

Select one of the following: SIX SHOW SUBSCRIPTION

FIVE SHOW SUBSCRIPTION
(select 5 below)

FOR BOX OFFICE USE ONLY	
Performance Date _____	
Seats _____	
OR	
FlexPass Section _____	Number of Seats _____

- The Drowsy Chaperone
- White Christmas
- The Joy Luck Club
- SHOUT! The Mod Musical
- Guys and Dolls
- The Sound of Music

TYPE OF SUBSCRIPTION

REGULAR SUBSCRIPTION

Performance Choice (one selection only)

- | | | | |
|---------------|-------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| First Weekend | <input type="checkbox"/> Friday (Opening Night) | <input type="checkbox"/> Saturday (8pm) | <input type="checkbox"/> Sunday |
| Second Week | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday (3pm) <input type="checkbox"/> Saturday (8pm) <input type="checkbox"/> Sunday |
| Third Week | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday (3pm) <input type="checkbox"/> Saturday (8pm) <input type="checkbox"/> Sunday |

FLEX PASS SUBSCRIBER (FlexPass not available on DHC Section.)

NUMBER OF SUBSCRIPTIONS _____ in Section _____ at \$ _____ each = \$ _____

Processing Fee = \$ 5.00 or 10.00 (flex)

YES! I want to be a DHT member. Here's my donation. = \$ _____

TOTAL = \$ _____

PAYMENT METHOD

- Cash Check # _____
- Visa Mastercard American Express Discover
- Credit Card Number _____
- Expiration Date _____
- Name printed on card _____

FOR BOX OFFICE USE ONLY	
Received on _____	Initial _____
Account No. _____	
Processed in computer _____	Excel _____
Mail Tickets _____	Hold Tickets _____
Info mailed on _____	by _____