



**Ivoryton Playhouse 2019 3-play Subscription Form**  
**P.O. Box 458, Ivoryton, CT 06442**  
**Kindly complete the form and return with payment by**  
**Monday, January 28, 2019.**



**Payment by check (made out to Ivoryton Playhouse) or by credit card.**

<b>Subscriber Name</b>	
<b>Street Address</b>	<b>City, State, and Zip Code</b>
<b>Telephone Numbers</b>	
<b>e-mail address</b>	
<b>Name of Friend Group Leader:</b> _____ If a group of friends are subscribing together, please <b>list the name of your Group Leader</b> . Forms and payment should all be <b>mailed together in the same envelope</b> . Only the Group Leader may call to make ticket switches in order to prevent confusion. Please list the names of the people in your subscription friend group on a separate sheet of paper and return to us.	
<b>Please circle the Series #:</b> 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18	
<b>For 3 – and 5-play subscribers: Please circle your 3- or 5-play choices:</b> 1. <b>Burt &amp; Me (romantic musical comedy featuring the music of Burt Bacharach)</b> 2. <b>Guess Who's Coming to Dinner (classic drama)</b> 3. <b>Godspell (musical)</b> 4. <b>Mamma Mia (musical)</b> 5. <b>Cabaret (musical)</b> 6. <b>Shear Madness (comedy-whodunit)</b> 7. <b>Name of Show to be Announced</b>	
a. Please circle preference for seating: <b>A. ORCHESTRA</b> or <b>B. BALCONY</b> b. Please circle orchestra preference: <b>(A. Closer to Center Aisle)</b> or <b>(B. Closer to Outside Aisle/Exit Doors)</b> c. Please circle if handicapped accessible seating near ramp required: <b>ACCESSIBLE SEATING</b>	
Cost @ <b>\$295</b> each for the full 7-play subscription # of subscribers _____	<b>Total cost for 7-play subs =</b> _____
Cost @ <b>\$225</b> each for the 5-play subscriptions # of subscribers _____	<b>Total cost for 5-play subs =</b> _____
Cost @ <b>\$145</b> each for the 3-play subscriptions # of subscribers _____	<b>Total cost for 3-play subs =</b> _____
No handling fee for Subscribers this year!	No Handling fee!
Your membership matters. Not yet a member? Benefits on reverse.	<b>Add in donation for membership (if you wish) =</b> _____
<b>GRAND TOTAL DUE</b>	<b>Total Amount Due:</b> _____
Paying by credit card? We accept American Express/Discover/MasterCard/Visa <b>Card #:</b> <b>Expiration date:</b> <b>CCID#: (3- or 4-digit code):</b>	
For the office only, SEAT #'S	
Any questions or changes? Please call Sue at <b>860-767-9520 x 203</b> . Thank you!	