



Ivoryton Playhouse **2020 7- and 5-play** Subscription Form

P.O. Box 458, Ivoryton, CT 06442

Kindly complete the form and return with payment by

Monday, December 9, 2019

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



Subscriber Name	
Street Address	City, State, and Zip Code
Telephone Numbers	
e-mail address	
We have reserved the following seats for you: DAY OF WEEK: SERIES #: SEAT(S):	
Name of Friend Group Leader: _____ If a group of friends are subscribing together, please list the name of your Group Leader . Forms and payment should all be mailed together in the same envelope . 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.	
For 7- and 5-play subscribers, please circle the Series #. The Series is <i>not</i> your # of plays but the day of the week when you attend the shows. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	
For 5-play subscribers: Please circle your 5 play choices: 1. Forbidden Broadway Comes to Ivoryton (musical parody) 2. The Great Gatsby (classic play) 3. Native Gardens (contemporary comedy) 4. Flashdance: The Musical 5. Ring of Fire (musical) 6. Ghost the Musical 7. The Mousetrap (mystery whodunnit)	
a. Please circle preference for seating: A. ORCHESTRA or B. BALCONY b. Please circle orchestra preference: (A. Closer to Center Aisle) or (B. Closer to Outside Aisle/Exit Doors) c. Please circle if handicapped accessible seating near ramp required: ACCESSIBLE SEATING	
Cost @ \$295 each for the full 7-play subscription # of subscribers _____	Total cost for 7-play subs =
Cost @ \$225 each for the 5-play subscriptions # of subscribers _____	Total cost for 5-play subs =
No handling fee for Subscribers this year!	No Handling fee!
Your membership matters. Not yet a member? Benefits on reverse.	Add in donation for membership (if you wish) =
GRAND TOTAL DUE	Total Amount Due:
Paying by credit card? We accept American Express/Discover/MasterCard/Visa Card #: Expiration date: CCID#: (3- or 4-digit code):	
Any questions or changes? Please call Sue at 860-767-9520 x 203 . Thank you!	