

# SEASON SUBSCRIPTION FORM 2016-2017

PLEASE RETURN THIS FORM TO: F. Scott Fitzgerald Theatre • 603 Edmonston Drive • Rockville, MD 20851  
(You may mail the form to the box office, hand-carry it Tues-Sat 2-7 pm, or call the box office.)

For ticket information, call the box office at 240-314-8690. For other information, call us at 301-605-7249



SELECT A SERIES ... ➔	<input type="checkbox"/> 1 <sup>ST</sup> FRIDAY 8pm	<input type="checkbox"/> 2 <sup>ND</sup> FRIDAY 8pm	<input type="checkbox"/> 1 <sup>ST</sup> SAT 8 pm	<input type="checkbox"/> 2 <sup>ND</sup> SAT 8 pm	<input type="checkbox"/> 1 <sup>ST</sup> SUN 2 pm	<input type="checkbox"/> 2 <sup>ND</sup> SUN 2 pm
<b>RENT</b> <b>SHREK, THE MUSICAL</b>	July 8 October 28	July 22 November 11	July 9 October 29	July 23 November 12	July 17 November 6	July 24 November 13
<b>JAKE'S WOMEN</b>	September 23	September 30	September 24	October 1	September 25	October 2
<b>THE MIRACLE WORKER</b> <b>BOOK OF DAYS</b>	February 3 May 5	February 10 May 12	February 4 May 6	February 11 May 13	February 5 May 7	February 12 May 14

## SELECT YOUR SEATS ...

Check all that apply:

- Front     Middle     Back  
 Side     Center     Aisle  
 Wheelchair Accessible

I would like to sit with another season subscriber:

Name:

## TELL US HOW MANY TICKETS YOU WOULD LIKE ...

**BEST VALUE**

CATEGORY		NUMBER OF SUBSCRIPTIONS	PRICE PER SUBSCRIPTION *	SUBTOTAL
<b>A ALL 5 SHOWS:</b>	Adult		x \$ 88 =	\$
	Senior (age 62+) or Student		x \$ 78 =	\$
<b>B 3 RLT PLAYS ONLY:</b>	Adult		x \$ 54 =	\$
	Senior (age 62+) or Student		x \$ 48 =	\$
<b>C 2 RMT MUSICALS ONLY:</b>	Adult		x \$ 36 =	\$
	Senior (age 62+) or Student		x \$ 32 =	\$
Please help with a donation of any amount! Thank you!			Donation	\$
<i>Special: \$5 discount per subscription if you sign up now to renew for next season.</i> ➔			Auto-renew discount	\$
<b>TOTAL</b>				<b>\$</b>

## TELL US HOW YOU WOULD LIKE TO RECEIVE YOUR TICKETS ...

- Mail them to me (at the end of June)  
 Pick them up at the box office during the run of *Rent*

## TELL US HOW YOU WOULD LIKE TO PAY FOR YOUR TICKETS ...

- Check (made payable to the City of Rockville)  
 VISA  
 MasterCard

## TELL US HOW TO CONTACT YOU ...

If order is for more than one household, please send us multiple order forms or see the back of this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

For box office use only:

Acct:	Series:	Seats:
Received:	Paid:	Processed: