

# SEASON SUBSCRIPTION FORM 2017-2018

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 ...

- 1<sup>ST</sup> FRIDAY 8pm
  - 2<sup>ND</sup> FRIDAY 8pm
  - 1<sup>ST</sup> SAT 8 pm
  - 2<sup>ND</sup> SAT 8 pm
  - 1<sup>ST</sup> SUN 2 pm
  - 2<sup>ND</sup> SUN 2 pm
- Monty Python's SPAMALOT  
 WHITE CHRISTMAS  
 ALMOST, MAINE  
 THE UNDERPANTS  
 RADIUM GIRLS

	1 <sup>ST</sup> FRIDAY 8pm	2 <sup>ND</sup> FRIDAY 8pm	1 <sup>ST</sup> SAT 8 pm	2 <sup>ND</sup> SAT 8 pm	1 <sup>ST</sup> SUN 2 pm	2 <sup>ND</sup> SUN 2 pm
Monty Python's SPAMALOT	July 7	July 21	July 8	July 22	July 16	July 23
WHITE CHRISTMAS	October 27	November 10	October 28	November 11	November 5	November 12
ALMOST, MAINE	September 22	September 29	September 23	September 30	September 24	October 1
THE UNDERPANTS	January 26	February 2	January 27	February 3	January 28	February 4
RADIUM GIRLS	April 27	May 4	April 28	May 5	April 29	May 6

## 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>	\$

## 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 *Book of Days*

## 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:

F. SCOTT FITZGERALD THEATRE SEATING CHART

STAGE

9	7	5	3	1	A	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	
11	9	7	5	3	B	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	C	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	D	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	E	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	F	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	G	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	H	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	I	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	J	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	K	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	L	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	M	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	N	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	O	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	P	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	Q	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	R	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12
13	11	9	7	5	S	114	113	112	111	110	109	108	107	106	105	104	103	102	101	2	4	6	8	10	12

**IF YOUR ORDER IS FOR MORE THAN ONE HOUSEHOLD, PLEASE LET US KNOW HOW TO CONTACT YOU:**  
 Please enter complete information. You do NOT need to repeat information from the front of the form.

Name:	
Address:	
City:	State:
Daytime Phone:	Evening Phone:
E-Mail:	
Name:	
Address:	
City:	State:
Daytime Phone:	Evening Phone:
E-Mail:	
Name:	
Address:	
City:	State:
Daytime Phone:	Evening Phone:
E-Mail:	