

SUBSCRIPTION RENEWAL 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

We guarantee you can keep your same seats if your order is returned by May 1.



| SELECT A SERIES ... ➔ | <input type="checkbox"/> 1 ST FRIDAY 8pm | <input type="checkbox"/> 2 ND FRIDAY 8pm | <input type="checkbox"/> 1 ST SAT 8 pm | <input type="checkbox"/> 2 ND SAT 8 pm | <input type="checkbox"/> 1 ST SUN 2 pm | <input type="checkbox"/> 2 ND 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 ...

I would like the same seats I had last year.
(available only if you are subscribing to the same series, e.g. 1st Saturday)

I would like different seats (or I have selected a different series).

Indicate your seating preferences. 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 YOU WOULD LIKE TO RECEIVE YOUR TICKETS ...

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

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

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

Card Number: _____

Expiration Date: _____

CVV: _____

Signature: _____

For box office use only:

| | | | |
|-------|------------|--------------------------------|--------|
| Acct: | Received: | Last Season (2016-17): Series: | Seats: |
| Paid: | Processed: | This Season (2017-18): Series: | Seats: |

TELL US HOW MANY TICKETS YOU WOULD LIKE ...

BEST VALUE

| CATEGORY | | NUMBER OF SUBSCRIPTIONS | PRICE PER SUBSCRIPTION * | SUBTOTAL |
|--|-----------------------------|-------------------------|--------------------------|-----------|
| A ALL 5 SHOWS: | Adult | | x \$ 88 = | \$ |
| | Senior (age 62+) or Student | | x \$ 78 = | \$ |
| B 3 RLT PLAYS ONLY: | Adult | | x \$ 54 = | \$ |
| | Senior (age 62+) or Student | | x \$ 48 = | \$ |
| C 2 RMT MUSICALS ONLY: | 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 | \$ |
| TOTAL | | | | \$ |

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: _____

F. SCOTT FITZGERALD THEATRE SEATING CHART

STAGE

| | | | | | | | | |
|--|----|----|---|---|---|---|---|---|
| | 9 | 7 | 5 | 3 | 1 | A | | |
| | 11 | 9 | 7 | 5 | 3 | 1 | B | |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | C |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | D |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | E |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | F |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | G |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | H |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | J |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | K |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | L |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | M |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | N |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | O |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | P |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | Q |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | R |
| | 13 | 11 | 9 | 7 | 5 | 3 | 1 | S |

| | | | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |
| 114 | 113 | 112 | 111 | 110 | 109 | 108 | 107 | 106 | 105 | 104 | 103 | 102 | 101 |

| | | | | | | | |
|---|---|---|---|---|----|----|----|
| A | 2 | 4 | 6 | 8 | 10 | | |
| B | 2 | 4 | 6 | 8 | 10 | 12 | |
| C | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| D | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| E | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| F | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| G | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| H | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| J | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| K | 2 | 4 | 6 | 8 | 10 | 12 | |
| L | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| M | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| N | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| O | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| P | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| Q | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| R | 2 | 4 | 6 | 8 | 10 | 12 | 14 |
| S | 2 | 4 | 6 | 8 | 10 | 12 | 14 |

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