

# SUBSCRIPTION RENEWAL FORM 2010-2011

PLEASE RETURN THIS FORM TO: F. Scott Fitzgerald Theatre • 603 Edmonston Drive • Rockville, MD 20851

For ticket information, call the box office at 240-314-8690. For other information, call us at 301-221-5434



| SELECT A SERIES ... ➔ | <input type="checkbox"/> 1 <sup>ST</sup> FRIDAY<br>8:00 PM | <input type="checkbox"/> 2 <sup>ND</sup> FRIDAY<br>8:00 PM | <input type="checkbox"/> 1 <sup>ST</sup> SATURDAY<br>8:00 PM | <input type="checkbox"/> 2 <sup>ND</sup> SATURDAY<br>8:00 PM | <input type="checkbox"/> 1 <sup>ST</sup> SUNDAY<br>2:00 PM | <input type="checkbox"/> 2 <sup>ND</sup> SUNDAY<br>2:00 PM |
|-----------------------|--|--|--|--|--|--|
| EVITA                 | July 9   | July 23  | July 10  | July 24  | July 18  | July 25  |
| CALIFORNIA SUITE      | October 1  | October 8  | October 2  | October 9  | October 3  | October 10   |
| THE PAJAMA GAME       | October 29   | November 12  | October 30   | November 13  | November 7   | November 14  |
| TRANSLATIONS          | January 28   | February 4   | January 29   | February 5   | January 30   | February 6   |
| ROUGH CROSSING        | May 13   | May 20   | May 14   | May 21   | May 15   | May 22   |

## 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 MANY TICKETS YOU WOULD LIKE ...

| CATEGORY  | NUMBER OF SUBSCRIPTIONS | PRICE PER SERIES OF ALL 5 SHOWS | SUBTOTAL                                |
|---|-------------------------|---------------------------------|---|
| Adult   | <input type="text"/>    | x \$80* =                       | \$ <input type="text"/>                 |
| Senior/Student<br>(age 62+ or student ID)   | <input type="text"/>    | x \$70* =                       | \$ <input type="text"/>                 |
| RLT and RMT rely on ticket sales, contributions, and volunteer support. Please help with a donation of any amount! Thank you for your donation! |                         |                                 | <b>DONATION</b> \$ <input type="text"/> |
|   |                         |                                 | <b>TOTAL</b> \$ <input type="text"/>    |

\* Price includes city box office processing fee.

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

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

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

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

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

## TELL US WHERE TO MAIL YOUR TICKETS (and how to contact you) ...

If order is for more than one household, please see the back of this form.

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

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

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

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

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

For box office use only:



|                |  |        |
|----------------|--|--------|
| ACCT NUMBER    | Last season (09-10): FR1 FR2 SA1 SA2 SU1 SU2 | SEATS: |
| DATE PROCESSED | This season (10-11): FR1 FR2 SA1 SA2 SU1 SU2 | SEATS: |

