

# SEASON 52 | SUBSCRIPTION FORM

Call (863) 294-7469 ext 1  
TheatreWinterHaven.com

**Assigned seating returns in Season 52! Renew by August 1 to keep your same seats!**

Return this form to Theatre Winter Haven, PO Drawer 1230, Winter Haven, FL 33882

## STEP 1 About You

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_

Phone Type \_\_\_\_\_

FL Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

## STEP 2 Your Tickets

Tickets are mailed at the end of September. please include mailing address if different from your Florida address or check "Hold at Will Call"

### Mail to Alternate Address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

### Hold at Will Call

## STEP 3 Pick your Subscription/Series

3 Mainstage Shows, \$75 *(please select shows)*

4 Mainstage Shows, \$90 *(please select shows)*

5 Mainstage Shows, \$108

Add the Professional Series, \$115

**The Addams Family**, Oct. 7-31, 2021

**The Sound of Music**, Nov. 24 - Dec. 19, 2021

**Always, Patsy Cline**, Jan. 20 - Feb. 13, 2022

**Suds**, The Rocking 60's Soap Opera, Mar. 24 - Apr. 17, 2022

**Grease**, July 14-31, 2022

Renew my Same Seats or Flex Pass OR

Renew with a Change of Seating:

Please let us know your preference for seating

If you can't accommodate the change, please keep me in my previous seats.

## STEP 4 Add your Annual Gift

Fan \$50 - \$99

Friend \$100 - \$249

Patron \$250 - \$499

Artist \$500 to \$999

Designer \$1,000 to \$2,499

Director \$2,500 to \$4,999

Playwright \$5,000 & above

Other Amount \_\_\_\_\_

I/we would like our name to appear as:

\_\_\_\_\_

\_\_\_\_\_

## STEP 5 Total

# of Mainstage Subscriptions # \_\_\_\_\_

Subscription Price x \$ \_\_\_\_\_

Mainstage Subscription Sub Total **A** \$ \_\_\_\_\_

# \_\_\_\_\_ of Series x = **B** \$ \_\_\_\_\_

Annual Gift **C** \$ \_\_\_\_\_

Ticketing fee (for ticket processing and mailing) **D** \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

(A+B+C+D)

Check, made **payable to Theatre Winter Haven**

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ CVV \_\_\_ Zip Code \_\_\_\_\_

**Please mail to:**

Theatre Winter Haven

PO Drawer 1230

Winter Haven, FL 33882

### Box Office Use Only:

MS Seats \_\_\_\_\_ MS Week/Day \_\_\_\_\_ Date Rep'd \_\_\_\_\_ QB DB AP CH UPG

Pro Series Seats \_\_\_\_\_ QB AP CH