

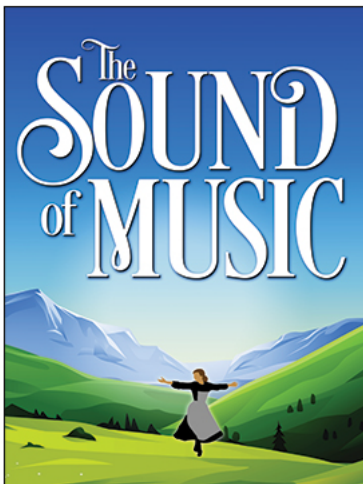
ENJOY ALL FOUR SHOWS IN 2024!



MAY 29 - JUNE 22



JUNE 26 - JULY 20



JULY 24 - AUGUST 17



AUGUST 21 - SEPTEMBER 15

THEATRE BY THE SEA 2024 SUBSCRIPTION ORDER FORM PLEASE FILL OUT THIS ENTIRE FORM. THANK YOU!

Name _____
 Billing Address _____
 City _____
 State _____ Zip _____
 Phone (winter) _____ (summer) _____
 Email _____

RENEWING SUBSCRIBERS: PLEASE CHECK ONE OF THE FOLLOWING:

Renew my subscription as is: same seats on the same day. (See pricing below)
 I would like to make a change to my current subscription.
 I can be reached at the following number(s) in December to discuss changes:
 Phone# _____

SELECT YOUR SUBSCRIPTION PACKAGE.

I would like to order: (Check one package only - enter quantity below)

PREVIEW SUBSCRIPTION ALL SEATS - \$224
 (Please check one) 1st Wed 8pm 1st Thur 2pm 1st Thur 8pm

---- OR ----

FIRST FRIDAY 8pm OR **FIRST SUNDAY 7pm**
 (Please check one) PREFERRED/PREMIUM - \$298 ALL OTHER SEATS - \$221 **BEST VALUE!**

---- OR ----

PREMIERE SUBSCRIPTION

Please check one time and day selection below:

WEEK 1: Sat 2pm **NEW TIME!** Sat 8pm Sun 2pm
 WEEK 2: Tue 8pm Wed 8pm Thurs 2pm Thurs 8pm
 Fri 8pm Sat 2pm **NEW TIME!** Sat 8pm Sun 5pm
 WEEK 3: Tue 8pm Wed 8pm Thurs 2pm Thurs 8pm
 Fri 8pm Sat 2pm **NEW TIME!** Sat 8pm Sun 5pm

AND check one seating location preference below:

PREMIUM: Orchestra (rows A-Q) Balcony (rows AA & BB) **\$323**
 STANDARD: Orchestra (rows R-V) Balcony (rows CC-HH) **\$278**
 VALUE: Orchestra (rows W-Y) Balcony (rows JJ-LL) **\$240**

Exact seat locations will be assigned to new subscribers in January after current subscribers have been processed.

---- OR ----

FLEXIBLE SUBSCRIPTION - \$320 4 tickets to use how and when you want!
 Available thru April 30, 2024 only.

PAYMENT INFORMATION

of subs _____ @ \$ _____ each = \$ _____ + \$ _____ = \$ _____
 (1 sub = 4 tickets) (cost of pkg. chosen) (sub-total) (\$7 handling per sub) (order total)

CHECK ENCLOSED Make checks payable to: Theatre By The Sea
 PLEASE CHARGE TO: VISA MASTERCARD AMEX DISCOVER

Card # _____

Exp. Date _____ Security Code _____

Name on card (print) _____

Mail to: Theatre By The Sea, PO Box 720, Wakefield, RI 02880

BOX OFFICE PHONE: 401.782.8587