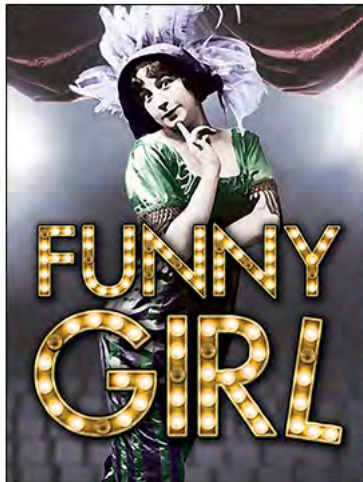


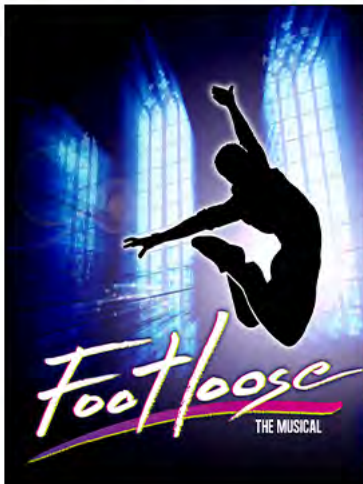
ENJOY ALL FOUR SHOWS IN 2021!



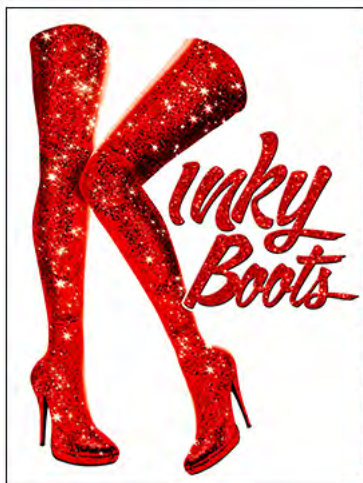
JUNE 9 - JUNE 27



JUNE 30 - JULY 18



JULY 21 - AUGUST 14



AUGUST 18 - SEPTEMBER 12

THEATRE BY THE SEA 2021 SUBSCRIPTION ORDER FORM
PLEASE FILL OUT THIS ENTIRE FORM. THANK YOU!

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

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 request a change to my current subscription.
 I can be reached at the following number(s) in late November to discuss changes:
 Phone# _____

SELECT YOUR SUBSCRIPTION PACKAGE.

I would like to order: (Check one package only - enter quantity below)
 PREVIEW SUBSCRIPTION ALL SEATS - \$196
 (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 - \$252 ALL OTHER SEATS - **\$178 BEST VALUE!**
 ---- OR ----

PREMIERE SUBSCRIPTION
Please check one time and day selection below:
 WEEK 1: Sat 3pm Sat 8pm Sun 2pm
 WEEK 2: Tue 8pm Wed 8pm Thurs 2pm Thurs 8pm
 Fri 8pm Sat 3pm Sat 8pm Sun 5pm
 WEEK 3: Tue 8pm Wed 8pm Thurs 2pm Thurs 8pm
 Fri 8pm Sat 3pm Sat 8pm Sun 5pm

AND check one seating location preference below:
 PREFERRED/PREMIUM: Orchestra (rows A-Q) Balcony (rows AA &BB) **\$286**
 STANDARD: Orchestra (rows R-V) Balcony (rows CC-HH) **\$246**
 VALUE: Orchestra (rows W-Y) Balcony (rows JJ-LL) **\$196**
 Exact seat locations will be assigned to new subscribers in December after current subscribers have been processed.
 ---- OR ----

FLEXIBLE SUBSCRIPTION - \$280 4 tickets to use how and when you want!
 Available thru April 30, 2021 only.

PAYMENT INFORMATION

of subs _____ @ \$ _____ each = \$ _____ + \$6.00 = \$ _____
 (1 sub = 4 tickets) (cost of pkg. chosen) (sub-total) (handling) (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 FAX 401.782.1088