

ENJOY ALL FOUR SHOWS IN 2026!



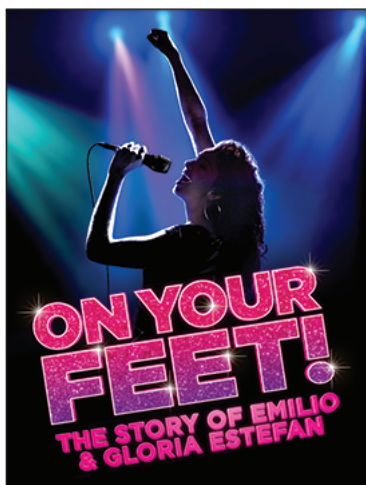
MAY 28 - JUNE 20



JUNE 25 - JULY 18



JULY 23 - AUGUST 15



AUGUST 20 - SEPTEMBER 13

**THEATRE BY THE SEA 2026 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 February to discuss changes:
 Phone# _____

SELECT YOUR SUBSCRIPTION PACKAGE.

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

PREVIEW SUBSCRIPTION ALL SEATS - \$238
 (Please check one) 1st Thur 2pm 1st Thur 8pm
 ---- OR ----
 FIRST FRIDAY 8pm OR **FIRST SUNDAY 7pm**
 (Please check one) PREFERRED/PREMIUM - \$338 ALL OTHER SEATS - **\$238 BEST VALUE!**
 ---- OR ----

PREMIERE SUBSCRIPTION
 Please check one time and day selection below:
 WEEK 1: Sat 2pm Sat 8pm Sun 2pm
 WEEK 2: Tue 7:30pm Wed 7:30pm Thur 2pm Thur 8pm
 Fri 8pm Sat 2pm Sat 8pm Sun 5pm
 WEEK 3: Tue 7:30pm Wed 7:30pm Thur 2pm Thur 8pm
 Fri 8pm Sat 2pm Sat 8pm Sun 5pm

AND check one seating location preference below:

PREFERRED/PREMIUM: Orchestra (rows A-Q) Balcony (row BB) \$338
 STANDARD: Orchestra (rows R-V) Balcony (rows CC-HH) \$286
 VALUE: Orchestra (rows W-Y) Balcony (rows JJ-LL) \$246
 Exact seat locations will be assigned to new subscribers in March after current subscribers have been processed.

---- OR ----
 FLEXIBLE SUBSCRIPTION - \$344 4 tickets to use how and when you want!
 Available thru April 30, 2026 only.

PAYMENT INFORMATION

Please fill this section out completely.

of subs _____ x \$ _____ each = \$ _____ + \$ _____ = \$ _____
(1 subscription pkg. = 4 tix) (cost per subscription) (order sub-total) (\$8 handling fee per subscription pkg.)
EXAMPLE: 2 Subscription Pkgs. = \$16 (full order total)

CHECK ENCLOSED Make checks payable to: Theatre By The Sea
 - OR -
 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