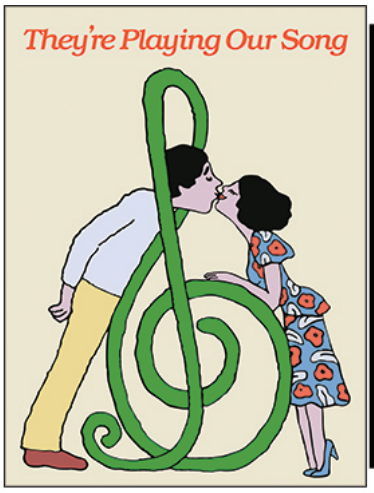
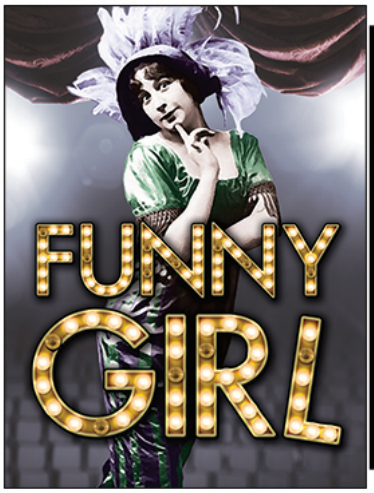
ENJOY ALL FOUR SHOWS IN 2027!



MAY 27 – JUNE 13



JUNE 17 – JULY 10

JULY 15 – AUGUST 14

AUGUST 19 – SEPTEMBER 12

THEATRE BY THE SEA 2027 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 January 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: EARLY BIRD THRU 10/31/26

PREFERRED/PREMIUM: ☐ Orchestra (rows A-Q) ☐ Balcony (row AA-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, 2027 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