SEASON SUBSCRIPTION FORM

Please complete all information requested. Be sure to print legibly.
Mail your form and payment to:
The Dramateurs, Inc. ● P.O. Box 274 ● Eagleville, PA 19408-0274
or order your season tickets online at: www.barnplayhouse.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Type of Subscription	Number	Cost	Total
Regular Subscription (Adult)	_____	$77.00 each	$ _____
Regular Subscription (Senior /Student)	_____	$71.00 each	$ _____
Subscription Handling Fee			$ 2.00
GRAND TOTAL			$ _____

Payment:
Enclosed is my check in the amount of: $ _____ check # _____
(Make checks payable to: The Dramateurs, Inc.)

Please charge my credit card in the amount of : $ _____

Credit Card # : | | | | | | | | | | | | | | | |

Exp. Date: | | | / | | | CVV Code: | | | |

Signature: _____

Reserve Tickets: Please circle the show date(s) you wish to attend. Seating is general admission.

April 25	April 26	April 27	May 2*	May 3	May 4	May 9	May 10
8:00 pm	8:00 pm	2:00 pm	8:00 pm	8:00 pm	2:00 pm	8:00 pm	8:00 pm

June 6	June 7	June 8	June 13*	June 14	June 15	June 20	June 21
8:00 pm	8:00 pm	2:00 pm	8:00 pm	8:00 pm	2:00 pm	8:00 pm	8:00 pm

Aug 15	Aug 16	Aug 17	Aug 22*	Aug 23	Aug 24	Aug 29	Aug 30
7:30 pm	7:30 pm	2:00 pm	7:30 pm	7:30 pm	2:00 pm	7:30 pm	7:30 pm

Oct 3	Oct 4	Oct 5	Oct 9	Oct 10*	Oct 11	Oct 12
8:00 pm	8:00 pm	2:00 pm	7:30 pm	8:00 pm	8:00 pm	2:00 pm

Talk-back session after show.

PATRON INFORMATION

Your tax-deductible contribution to our Capital Improvement Fund will help make our goals a reality. As a sponsor, your name will appear in our digital playbills throughout the season.

Please check your choice of sponsor category:

____	Diamond	$500.00	(Includes 6 tickets to any 2025 Season show.)
____	Emerald	$250.00	(Includes 4 tickets to any 2025 Season show.)
____	Ruby	$100.00	(Includes 2 tickets to any 2025 Season show.)
____	Sapphire	$75.00	
____	Gold	$50.00	
____	Silver	$25.00	

Please print your name as you would like it to appear in our digital playbills:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my check in the amount of: $ _____ check # _____
(Make checks payable to: The Dramateurs, Inc.)

Please charge my credit card in the amount of: $ _____

credit card #: | | | | | | | | | | | | | | | | |

exp. date: | | | / | | | CVV code: | | | |

Thank you for your tax-deductible donation.

If you work for a company that sponsors a matching gift program please be sure to enclose the correct form(s) so that we may realize the full extent of your gift.

Mail your donation form and payment to:
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or make your donation online at www.barnplayhouse.org