

## 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**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Type of Subscription		Cost	Number	Total
Adult		\$96 each		
Senior/Student		\$88 each		
Total Tickets				
Handling Fee	\$2 per subscription			
GRAND TOTAL				

**PAYMENT:**

Enclosed is my check in the amount of: \$\_\_\_\_\_ Check #: \_\_\_\_\_

(Make check payable to: The Dramateurs, Inc.)

**Please charge my credit card in the amount of \$** \_\_\_\_\_

[illegible]

Signature: \_\_\_\_\_

### Reserve Tickets:

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

	April 23 7:30 pm	April 24 7:30 pm	April 25 7:30 pm	April 26 2:00 pm	April 30 7:30 pm	May 1 7:30 pm	May 2 7:30 pm	May 3 2:00 pm
	May 29 7:30 pm	May 30 7:30 pm	May 31 2:00 pm	June 5 7:30 pm	June 6 7:30 pm	June 7 2:00 pm	June 12 7:30 pm	June 13 7:30 pm
	July 10 7:30 pm	July 11 7:30 pm	July 12 2:00 pm	July 16 7:30 pm	July 17 7:30 pm	July 18 7:30 pm	July 19 2:00 pm	
	August 21 7:30 pm	August 22 7:30 pm	August 23 2:00 pm	August 28 7:30 pm	August 29 7:30 pm	August 30 2:00 pm	September 4 7:30 pm	September 5 7:30 pm
	October 1 7:30 pm	October 2 7:30 pm	October 3 7:30 pm	October 4 2:00 pm	October 8 7:30 pm	October 9 7:30 pm	October 10 7:30	October 11 2:00 pm

### Matinee Performance

### Talk-Back Session

**Season subject to change.**

## PATRON INFORMATION

**Your tax deductible contribution to our Capital Improvement Fund will help make our goals a reality.**

**Sponsors are listed in our playbills throughout the season.**

**Please select your choice of sponsor category:**

**Diamond \$500.00** (includes **six (6) tickets** to any 2026 Season show.)

<b>Emerald</b>	<b>\$250.00</b>	(includes <b>four (4) tickets</b> to any 2026 Season show.)
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— **Ruby** **\$100.00** (includes **two (2) tickets** to any 2026 Season show.)

**Sapphire \$75.00**

Gold	\$50.00
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<b>Silver</b>	<b>\$25.00</b>
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**Please print your name as you would like it to appear in our playbills:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PAYMENT:**

Enclosed is my check in the amount of: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

(Make check payable to: The Dramateurs, Inc.)

Please charge my credit card in the amount of \$

[illegible]

**THANK YOU FOR YOUR TAX-DEDUCTIBLE CONTRIBUTION.**

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 generous gift.

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