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 check your choice of sponsor category:

_____	Diamond	$500.00	(Includes 6 tickets to any 2023 Season show.)
_____	Emerald	$250.00	(Includes 4 tickets to any 2023 Season show.)
_____	Ruby	$100.00	(Includes 2 tickets to any 2023 Season show.)
_____	Sapphire	$75.00	
_____	Gold	$50.00	
_____	Silver	$25.00	

Please print your name as you would like it to appear in our 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:** | | | 3 or 4 digit code on back of card

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:

The Dramateurs, Inc. ● P.O. Box 274 ● Eagleville, PA 19408-0274

or make your donation online at www.barnplayhouse.org

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:** _____

Payment:

Enclosed is my check in the amount of: $ _____ **check #** _____

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

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

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

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

Exp. Date: | | | / | | | **CVV Code:** | | | 3 digit code on back of card

Signature: _____

Reserve Tickets: Please select show date(s) you wish to attend. Seating is General Admission.

April 21 8:00 pm	April 22 8:00 pm	April 28 8:00 pm	April 29 8:00 pm	April 30 2:00 pm	May 5 8:00 pm	May 6 8:00 pm

June 9 8:00 pm	June 10 8:00 pm	June 11 2:00 pm	June 15 7:30 pm	June 16 8:00 pm	June 17 8:00 pm

August 18 8:00 pm	August 19 8:00 pm	August 25 8:00 pm	August 26 8:00 pm	August 27 2:00 pm	September 1 8:00 pm	September 2 8:00 pm

September 29 8:00 pm	September 30 8:00 pm	October 6 8:00 pm	October 7 8:00 pm	October 8 2:00 pm	October 13 8:00 pm	October 14 8:00 pm

Matinee Performance | Talk-back Session