signature 2018/19 second year special offer subscription form

1. Tell us about yourself

Name: _____

Address: _____

_____

Email: _____
Signature does not trade patrons' email addresses.

Phone (Home): _____

Phone (Cell): _____

Please write any seating partners:
(if they subscribe separately)

_____

_____

Please write any seating preferences:

○ I prefer dress circle seats (balcony)   ○ Aisle requested

_____

_____

Please note accessibility needs: ○ Use wheelchair   ○ Use walker   ○ Have visual impairment   ○ Have hearing impairment   ○ Cannot walk up/down steps   ○ Other _____

2. Select your shows and dates *(3 or more shows only $67 each, plus $10 subscription handling fee)*

○ **My dates are flexible, I prefer the best seats available on any date**

Number of Shows	Price	Number of Subscriptions		Total Price
3	$211	x _____	=	_____
4	$278	x _____	=	_____
5	$345	x _____	=	_____
6	$412	x _____	=	_____
7	$479	x _____	=	_____
8	$546	x _____	=	_____

> **Subscription offer not available for First Week or Saturday evening performances**

Show	Preferred Dates
○ *Passion*	_____
○ *Heisenberg*	_____
○ *Billy Elliot*	_____
○ *Ain't Misbehavin'*	_____
○ *Masterpieces...*	_____
○ *Grand Hotel*	_____
○ *Spunk*	_____
○ *Blackbeard*	_____

○ **I am unavailable on the following dates:** _____

3. Select special events and total your order

_____ x $ _____ = $ _____
# of mainstage subscriptions
Total price from above

_____ x $ 175 = $ _____
of *Sizzlin' Summer* All-Access Passes

_____ x $ 175 = $ _____
of *Cabaret Series* subscriptions

_____ x $ 260 = $ _____
of *Into Legend We Sail* seminar registrations
Friends of Signature price $220

Enhance your experience as a Friend of Signature
with a tax-deductible donation of $120 or more $ _____

GRAND TOTAL $ _____

4. Choose your payment method

○ Check payable to Signature Theatre enclosed. Check # _____

○ Please charge my credit card in four consecutive, monthly payments. **Final date payment plans are accepted is May 13.**
Initial payment will be charged on receipt and then every 30 days until completed.

○ Please charge my credit card in full

_____
Name as it appears on card

_____
Card #   CVV

_____
Signature   Exp. Date

Mail: 4200 Campbell Ave, Arlington, VA 22206
Phone: 703 820 9771 | Fax: 703 820 7790

All sales are final. No refunds. All performance days, times, and series are subject to availability and change. Other discounts cannot be applied. Signature makes every effort to honor seating partners, requests and dates, but cannot guarantee.

FOR OFFICE USE ONLY   RECVD BY: _____   DATE: _____   ENTERED BY: _____   DATE: _____   SEATED BY: _____   DATE: _____