

signature 2021/22 classic subscription form

1. Tell us about yourself

Name: _____

Email: _____

Signature does not trade patrons' email addresses.

Address: _____

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

Accessibility Requirements: Use wheelchair Use walker Cannot walk up/down steps Can walk up/down few steps
 Has visual impairment Has hearing impairment Other

2. Select your package, shows and dates

Circle your package. Refer to Signature's website or the brochure for dates/times.

Make sure you choose dates that fit with your subscription package.

Prices include \$10 subscription handling fee.

Want more flexibility on when you attend? FLIP OVER TO USE FLEXIBLE FORM

Tier One

	6-show	5-show	4-show	3-show
First Week	\$430	\$360	\$290	\$220
Tues/Wed/Thurs/Sun Eve.	\$490	\$410	\$330	\$250
Friday Evenings	\$550	\$460	\$370	\$280
Sat/Sun Matinee	\$550	\$460	\$370	\$280
Discussion Nights	\$550	\$460	\$370	\$280
Saturday Evening	\$574	\$480	\$386	\$292
Pride Night Friday	\$574	\$480	\$386	\$292

Tier Two

	6-show	5-show	4-show	3-show
	\$370	\$310	\$250	\$190
	\$430	\$360	\$290	\$220
	\$490	\$410	\$330	\$250
	\$490	\$410	\$330	\$250
	\$490	\$410	\$330	\$250
	\$514	\$430	\$346	\$262
	\$514	\$430	\$346	\$262

I want to choose my dates with my shows My dates are flexible, I prefer the best seats available on any date in my package

Show

Preferred Dates/Day of Week

Show

Preferred Dates/Day of Week

RENT _____ Daphne's Dive _____
 She Loves Me _____ Upstairs Department _____
 We Won't Sleep _____ The Color Purple _____

I am unavailable on these dates: _____

3. Select special events and total your order

4. Choose your payment method

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

Check payable to Signature Theatre enclosed. Check # _____

Please charge my credit card in full

_____ x \$ 265 = \$ _____
 # of Signature Seminar registrations
Friends of Signature price \$220

Please charge my credit card in three consecutive, monthly payments.

Final date payment plans are accepted is September 1.

Initial payment will be charged on receipt and then every 30 days until completed.

Add a donation to support our reopening season \$ _____

Name as it appears on card _____

GRAND TOTAL \$ _____

Card # _____ CW _____

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

Signature _____ Exp. Date _____

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 CHANNEL: _____ DATE: _____ ENTERED BY: _____ DATE: _____ SEATED BY: _____ DATE: _____