

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			\$ <u>2.00</u>
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 #:

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Exp. Date:

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 CVV Code:

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Signature: _____

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



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



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



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



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

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exp. date:

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 CVV code:

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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.

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or make your donation online at www.barnplayhouse.org