

SUBSCRIPTION RENEWAL FORM 2019-2020

PLEASE RETURN THIS FORM TO: F. Scott Fitzgerald Theatre • 603 Edmonston Drive • Rockville, MD 20851

You may also hand-deliver it Tues-Sat 2-7 pm or call the box office at 240-314-8690

For ticket information, please call the box office. For other inquiries, call us at 301-605-7249



1 SELECT A SERIES →

	<input type="checkbox"/> 1st FRI 8pm	<input type="checkbox"/> 2nd FRI 8pm	<input type="checkbox"/> 1st SAT 8pm	<input type="checkbox"/> 2nd SAT 8pm	<input type="checkbox"/> 1st SUN 2pm	<input type="checkbox"/> 2nd SUN 2pm
HAIRSPRAY SEUSSICAL	July 5 October 25	July 19 November 8	July 6 October 26	July 20 November 9	July 14 November 3	July 21 November 10
ARSENIC & OLD LACE	September 27	October 4	September 28	October 5	September 29	October 6
A RAISIN IN THE SUN	January 24	January 31	January 25	February 1	January 26	February 2
SHE STOOPS TO CONQUER	May 1	May 8	May 2	May 9	May 3	May 10

2 SELECT SEAT PREFERENCE

I would like the same seats I had last year.
(Available only if you are subscribing to the same series, e.g. 1st Friday)

Return your order by May 1st to guarantee your same seats!

I would like different seats or I have selected a different series
(Please select one from each column)

a. Front b. Center c. Aisle
 Middle Side No preference
 Back

I require ADA seating. Please contact me at _____ to make arrangements

4 SELECT TICKET QUANTITY

	Ticket Quantity	Subtotal
Option A- All 5 Shows: <i>BEST VALUE</i>	Adult	x \$92 = \$
	Senior (62+)/Student	x \$85 = \$
Option B- 3 RLT Plays:	Adult	x \$54 = \$
	Senior (62+)/Student	x \$48 = \$
Option C: 2 RMT Musicals:	Adult	x \$40 = \$
	Senior (62+)/Student	x \$37 = \$
<input type="checkbox"/> Hold tickets at box office for pickup OR Mailing Fee		(\$1.00)
	Donation	\$
	TOTAL	\$

Thank you for supporting theatre in your community!

I would like to sit with another subscriber:
Name: _____

5 CONTACT & PAYMENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

I would like to pay by:

Check (Made payable to 'City of Rockville')

Credit Card: Visa MasterCard

Card Number: _____

Exp. Date: _____ CVV: _____

3 TICKET DELIVERY

Please mail me my tickets (\$1 fee)

I will pick up my tickets at the box office (after July 1)

Box office use only:

Acct:	Rec'd:	18-19 Series:	Seats:
Paid:	Processed:	19-20 Series:	Seats:

