

Cider Mill Playhouse **SUBSCRIPTION FORM**

Name(s): _____

Address: _____

Phone: _____ Email: _____

This email address is where you will receive a credit card receipt and important updates



1. Choose your subscription type or multi-show package

New! You can select any date of the week, any performance for each show for the same price.

Golden Delicious Subscription
 Front Rows B through G and the first 4 aisle seats down the center aisle, or best available
 Best available seating: \$160 x _____ Total \$ _____
of subs

Empire Red Subscription
 All seats outside of the premium seating indicated above
 Non-premium seating: \$140 x _____ Total \$ _____
of subs

4-Pack
 Select four shows below: \$115 x _____ Total \$ _____
4-packs
 Please note this package is one ticket to each of 4 shows you choose

Pick 10 Flex-Pack
 Select a total of 10 tickets from the shows below
 \$275 x _____ Total \$ _____
Pick 10 flex-packs

2. Tell us about your preferred seating

We will give you the best available seating in the order the forms are returned.

Check all that apply

- I require wheelchair seating (we will put the rest of your party next to you)
- We prefer to be seated near the center aisle
- We prefer to be seated on a side aisle
- We prefer to be seated closer to front rather than on aisle
- We prefer to be seated closer to aisle than to the front

Other description of preferences: _____

Please group us with (name of other patrons): _____

3. Circle the date you wish to book tickets.

Subscribers will get all shows, other packages select shows of your choice.

Comedy of Tenors 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 7:30pm	Sunday 3pm
Sept. 14	15	16	17
21	22	23	24

Million Dollar Quartet 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 7:30pm	Sunday 3pm
Jan. 11	12	13	14
18	19	20	21

Rumors 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 7:30pm	Sunday 3pm
April 12	13	14	15
19	20	21	22

A Funny Thing Happened On the Way to the Forum 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 7:30pm	Sunday 3pm
May 31	June 1	2	3
7	8	9	10

Shakespeare in Love 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 7:30pm	Sunday 3pm
Aug. 9	10	11	12
16	17	18	19

Holiday Show TBD 4-Pack 10-Pack: #tickets _____

Thursday 7:30pm	Friday 7:30pm	Saturday 3pm	Saturday 7:30pm	Sunday 3pm
Dec. 7	8	9	9	10
14	15	16	16	17

4. Select your ticket delivery preference

- We will print our tickets from emails sent
- We will pick up our tickets from the box office
- Please mail our tickets

5. Please consider a donation

- I have enclosed a donation of \$ _____ to help the Playhouse secure a new home" (Thank you!)

Indicate how you would like to be acknowledged in the program

6. Return this form with payment

MAIL

Cider Mill Playhouse
 PO Box 482, Endicott, NY 13761

VISIT

CMP Box Office
 2 Nanticoke Ave, Endicott, NY, Wed. or Fri. 12-4pm
 And other box office hours based upon staff availability

PHONE

607-748-7363

Payment options

- I have enclosed a check payable to the Cider Mill Playhouse
- Please charge my credit card:

Card # _____

Exp. Date _____ Security Code _____

Signature _____

Name _____

Address _____

Total Subscription: _____ + Donation (thank you!) _____ = Total Enclosed: \$ _____