

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

SECTION C. Select Season Subscription		
Quantity	Type of Subscription	Amount
	Full Season	\$175.
	Modified Season	\$120.

**Donor Contribution\*\***  
 To help support the operation of The Barn Theatre, I would like to make the following tax deductible donation over and above the price of my tickets.

- Donations\*:**
- Patron (\$50 - \$99)       Angel (\$100 - \$249)
  - Benefactor (\$250 - \$499)       Star (\$500 - \$999)
  - Director (\$1,000 - \$4,999)       Producer (\$5,000 +)

**Contribution\*** \_\_\_\_\_  
**Total Enclosed** \_\_\_\_\_

My check is enclosed payable to **The Barn Theatre**  
 Please charge to my:  Visa  MasterCard  Discover  AmEx  
 Card Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security code \_\_\_\_\_  
 Signature: \_\_\_\_\_

*\*Donations are deductible under section 501 (C) (3) of the IRS code.*

**\*\* Program listing:** Donors of \$50.00 or more are entitled to a listing in our playbill for the 25/26 season. Indicate how you would like to be listed.

List as: \_\_\_\_\_ please print  
 Please do not list.

— Season ticket packages not available on-line. —

**Please fill out this card and mail to:**  
**The Barn Theatre, P.O. Box 1894, Stuart, FL 34995**  
 Or drop off at the Box Office at 2400 SE Ocean Blvd.  
 Or order over the phone at **772-287-4884**.  
 Box Office hours are M – F, 12-4PM  
**www.barn-theatre.com** for further information.

## 56<sup>TH</sup> SEASON (2026–2027)

- I Want to RENEW My Current Subscription:**  
*Assured renewal of seating if renewed by June 15, 2026.*
- Keep same seats and performance day (Fill out section **C**)
  - Request a seating change (Fill out section **B & C**)
  - Request a performance day change with best seating available (Fill out sections **A, B, & C**)
    - Full Season     Modified Season 1 2 3 4 5  
 (Please circle any 3 shows)

- I Want to Become A NEW Subscriber:**
- Full Season (Fill out section **A, B & C**)
  - Modified Season (Fill out section **A, B & C**)

### SECTION A. Select Day (1st and 2nd Choices)

Performance Days		1st Week	2nd Week	3rd Week
Thursday	Evening@8pm			
Friday	Evening@8pm			
Saturday	Evening@8pm			
Sunday	Matinee@2pm			

SECTION B. Seat/Section Select 1st, 2nd & 3rd seat & row choices (Example - A5)	Choice #1	Choice #2	Choice #3

**Special Needs:**  Wheelchair

**STAGE**

Color as shown (lavender)

500

Size: 3.66 x 8

## PROOF

DATE \_\_\_\_\_

OK AS IS     NEEDS CORRECTIONS

SEND REVISED PROOF    Y  N

SIGNATURE: \_\_\_\_\_

Please mark appropriate box, sign  
 email to: [atprinting@atprinting.com](mailto:atprinting@atprinting.com)