

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail _____

SECTION C. Select Season Subscription

Quantity	Type of Subscription	Amount
	Full Season	\$150.
	Modified Season	\$105.

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:*

- | | |
|---|--|
| <input type="checkbox"/> Patron (\$50 - \$99) | <input type="checkbox"/> Angel (\$100 - \$249) |
| <input type="checkbox"/> Benefactor (\$250 - \$499) | <input type="checkbox"/> Star (\$500 - \$999) |
| <input type="checkbox"/> Director (\$1,000 - \$4,999) | <input type="checkbox"/> 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 23/24 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.

53RD SEASON (2023–2024)

I Want to RENEW My Current Subscription:

Assured renewal of seating if renewed by July 10, 2023.

- 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