

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 24/25 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.

54TH SEASON (2024–2025)

- I Want to RENEW My Current Subscription:**
Assured renewal of seating if renewed by July 8, 2024.
- 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

19	18	17	16	J	15	14	13	12	11	10	9	8	7	6	5	H	4	3	2	1
19	18	17	16	I	15	14	13	12	11	10	9	8	7	6	5	H	4	3	2	1
19	18	17	16	H	15	14	13	12	11	10	9	8	7	6	5	G	4	3	2	1
19	18	17	16	G	15	14	13	12	11	10	9	8	7	6	5	F	4	3	2	1
19	18	17	16	F	15	14	13	12	11	10	9	8	7	6	5	E	4	3	2	1
19	18	17	16	E	15	14	13	12	11	10	9	8	7	6	5	D	4	3	2	1
19	18	17	16	D	15	14	13	12	11	10	9	8	7	6	5	C	4	3	2	1
19	18	17	16	C	15	14	13	12	11	10	9	8	7	6	5	B	4	3	2	1
19	18	17	16	B	15	14	13	12	11	10	9	8	7	6	5	A	4	3	2	1
18	17	16		A	15	14	13	12	11	10	9	8	7	6	5	A	4	3	2	1

STAGE

65# pink astroparche
 600
 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