

VILLANOVA THEATRE

2016-2017 Season

Subscription Order Form

Series	Day	Time	ELECTRA	MARISOL	LAGAN	LITTLE WOMEN	REG PRICE	SUB PRICE
A ✓	Tue	8pm	Sept 20	Nov 8	Feb 7	Mar 28	\$84	\$64
B *	Wed	8pm	Sept 21	Nov 9	Feb 8	Mar 29	\$92	\$72
C	Thu	8pm	Sept 22	Nov 10	Feb 9	Mar 30	\$92	\$72
D	Fri	8pm	Sept 23	Nov 11	Feb 10	Mar 31	\$100	\$80
E	Sat	8pm	Sept 24	Nov 12	Feb 11	Apr 1	\$100	\$80
F	Sun	2pm	Sept 25	Nov 13	Feb 12	Apr 2	\$100	\$80
G	Tue	8pm	Sept 27	Nov 15	Feb 14	Apr 4	\$84	\$72
H	Wed	8pm	Sept 28	Nov 16	Feb 15	Apr 5	\$92	\$72
I »	Thu	8pm	Sept 29	Nov 17	Feb 16	Apr 6	\$92	\$72
J	Fri	8pm	Sept 30	Nov 18	Feb 17	Apr 7	\$100	\$80
K	Sat	8pm	Oct 1	Nov 19	Feb 18	Apr 8	\$100	\$80
L	Sun	2pm	Oct 2	Nov 20	Feb 19	Apr 9	\$100	\$80
FLEX	The ultimate in choice! Get four tickets to use as you please for any performance in the 16-17 season. Flex Passes can be used in any combination: all for one performance or spread out over the entire season. You choose!						\$100	\$85

✓ Preview Performance * Opening Night » Speaker's Night: Join us for a lively post-show discussion with guest speakers

YOUR NAME HERE

SELECT A SUBSCRIPTION SERIES (A-L)

Series Choice _____ *Select a series from the calendar above*
 Seating Choice _____ *Select a seating choice from the map at right*

OR

CHOOSE LATER! BUY A FLEX PASS

I would like four tickets to use as I please throughout the season.

I WISH TO ORDER

* _____ # of Subscriptions @ \$ _____ each = \$ _____
 * _____ # of Flex Passes @ \$ _____ each = \$ _____
 * _____ # of Handling Charges @ +\$ 2.00 each = \$ _____

Please accept my tax-deductible donation of \$ _____

TOTAL ENCLOSED \$ _____

THANK YOU!

Be sure to include the handling charge in your total.

CONTACT INFORMATION

Address:

City/State/Zip:

Phone:

E-mail:

PAYMENT

I've enclosed my check payable to Villanova Theatre

Please charge my: Visa MasterCard Discover

Account # _____ Exp. Date _____

Signature _____

All credit card orders will be processed through Vendini Ticketing Systems.



SEATING CHOICE

The theatre seats 180 and all seating is reserved. **You will be given the best available seats in the section you select.** Seating requests are processed in the order in which they are received.

The theatre is wheelchair accessible. Please indicate if you require wheelchair seating: _____

TAX-DEDUCTIBLE DONATIONS

Your support of the artistic endeavors of Villanova Theatre's students & faculty is greatly appreciated. Donations of \$25 or more are recognized in the playbill during the 2016-2017 season. Please consider supporting Villanova Theatre.

List name in program as (gifts of \$25+): _____

MAIL FORM & PAYMENT:

Villanova Theatre
 800 Lancaster Avenue, Vasey Hall 5
 Villanova, PA 19085

CHARGE BY PHONE:

610-519-7474

SCHOOL YEAR: Mon-Sat, 12pm-5pm

SUMMER: Mon-Thur, 10am-3pm

All sales final. No refunds. Subscribers may exchange tickets for a performance up to 24 hours prior to curtain time, subject to availability. Your order will be processed in the order in which it is received, and your tickets and subscription packet will be mailed by August 2016.

WWW.VILLANOVATHEATRE.ORG