



Ivoryton Playhouse 2022 3-play Subscription Form
P.O. Box 458, Ivoryton, CT 06442
 Kindly complete the form and return with payment by
Tuesday, February 22, 2022.



Payment by check (made out to Ivoryton Playhouse) or by credit card.
 Our records indicate that you have a carry-over balance of _____
 to apply to your subscription.

Subscriber Name	
Street Address	City, State, and Zip Code
Telephone Numbers	
e-mail address	
Name of Friend Group Leader: _____ If a group of friends are subscribing together, please list the name of your Group Leader . Forms and payment should all be mailed together in the same envelope . Only the Group Leader may call to make ticket switches in order to prevent confusion. Please list the names of the people in your subscription friend group on a separate sheet of paper and return to us.	
Please circle the Subscription # (the Subscription is <i>not</i> your # of plays). Kindly refer to the Subscription dates document. <div style="text-align: center; font-weight: normal;"> 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </div>	
For 3-play subscribers: Please circle your 3-play choices: 1. Star of Freedom 2. Native Gardens 3. Smokey Joe's Café 4. Ring of Fire 5. The Great Gatsby 6. Winter Wonderettes	
a. Please circle preference for seating: A. ORCHESTRA or B. BALCONY b. Please circle orchestra preference: (A. Closer to Center Aisle) or (B. Closer to Outside Aisle/Exit Doors) c. Please circle if handicapped accessible seating near ramp required: ACCESSIBLE SEATING	
6-PLAY SUBSCRIPTION UPGRADE - Cost @ \$295 each # of subscribers _____	Total cost for 6-play subs = _____
3-PLAY SUBSCRIPTIONS Cost @ \$145 each # of subscribers _____ <div style="background-color: yellow; padding: 2px;">PLEASE APPLY MY CARRY OVER MONEY FROM SEASON 2020.</div>	Total cost for 3-play subs = _____
No handling fee for Subscribers this year!	No Handling fee!
Your membership matters. Not yet a member? Benefits on reverse.	Add in donation for membership (if you wish) = _____
GRAND TOTAL DUE	Total Amount Due: _____
Paying by credit card? We accept American Express/Discover/MasterCard/Visa Card #: _____	
Expiration date: _____	CCID#: (3- or 4-digit code): _____
<i>Any questions or changes? Please call Sue at 860-767-9520 x 203. Thank you!</i>	