REP 2017-2018 FULL-SEASON Subscription Order Form

NAME: ____________________________________________________________________

EMAIL ADDRESS: ___________________________________________________________

ADDRESS: _________________________________________________________________

CITY: _________________________________  STATE:   __________   ZIP:   ___________

PHONE:  DAY___________________________ EVENING___________________________

BUYER TYPE:  
☐ General Public  ☐ Senior (65+)  ☐ UD Faculty/Staff  ☐ Student
(FULL-TIME UD grad/undergrad/high school; photocopy of ID required)

NUMBER of Subscriptions  X  PRICE of Subscriptions

+ processing fee:  $3.00 PER SUBSCRIPTION

= SUBSCRIPTION SUBTOTAL

YES! I would like to support the REP with a separate tax-deductible donation of ______

GRAND TOTAL DUE

PARKING INFO:
Prices remain the same, but UD is changing the CFA garage voucher system. We will contact you with details as soon as they are confirmed!

Thompson Theater: You Can’t Take It with You, From the Author of..., Dial “M” for Murder, A Flea in Her Ear, Twelfth Night

☐ Orchestra OR  ☐ Parterre OR  ☐ Balcony OR  ☐ Best Available

☐ Aisle OR  ☐ Center

Note: We cannot guarantee specific seating requests.

Please write your first and second performance choices here.

<table>
<thead>
<tr>
<th>PRODUCTION</th>
<th>DATE/TIME</th>
<th>FIRST CHOICE</th>
<th>DATE/TIME</th>
<th>SECOND CHOICE</th>
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</thead>
<tbody>
<tr>
<td>The Mountaintop</td>
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<td>You Can’t Take It with You</td>
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<td>From the Author of...</td>
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<td>Dial “M” for Murder</td>
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<td>A Flea in Her Ear</td>
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<td>Twelfth Night</td>
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</tbody>
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PAYMENT:  ☐ Enclosed is my check made out to the University of Delaware/REP

☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express

Credit Card #: ____________________________________________________________

Exp. Date: _______  3 or 4 digit security code: ____________________________

Titles and schedules are subject to change. All sales are final. No refunds on unused tickets.

MAIL TO: The REP - Roselle Center for the Arts, 110 Orchard Road, Univ. of Delaware, Newark, DE 19716  FAX: (302) 831-0358

Please do not email form with CC information. Subscriptions will be processed in the order they are received.