REP 2022 - TWO SHOW Package Subscription Order Form

NAME: ____________________________________________
EMAIL ADDRESS: __________________________________
ADDRESS: _______________________________________
CITY: ___________ STATE: __ ZIP: ________
DAY PHONE: ___________________ NIGHT PHONE: __________

THOMPSON THEATRE PACKAGE CHOICE

☐ 1a. 1st Thursday (Preview) 7:30 PM
☐ 1b. 1st Friday (Preview) 7:30 PM
☐ 1c. 1st Saturday (Opening) 7:30 PM
☐ 1d. 1st Sunday 2 PM

☐ 2a. 2nd Thursday (Talkback) 7:30 PM
☐ 2b. 2nd Friday 7:30 PM
☐ 2c. 2nd Saturday (Prologue) 2 PM
☐ 2d. 2nd Saturday 7:30 PM
☐ 2e. 2nd Sunday 2 PM

☐ 3a. 3rd Thursday 7:30 PM
☐ 3b. 3rd Friday (Talkback) 7:30 PM
☐ 3c. 3rd Saturday 2 PM
☐ 3d. 3rd Saturday 7:30 PM
☐ 3e. 3rd Sunday (Prologue) 2 PM

THOMPSON THEATRE PRICE ZONE SEATING:
CHECK the desired price zone for the correct buyer type

BUYER TYPE

☐ ZONE 1  ☐ ZONE 2

☐ General Public  ☐ Price of Subscription
☐ $69  ☐ $62

☐ Senior/UD Fac/Staff  ☐ Price of Subscription
☐ $64  ☐ $57

☐ Student*  ☐ Price of Subscription
☐ $35  ☐ $27

Note: We cannot guarantee specific seating requests.

THOMPSON THEATRE PRICE ZONE SEATING:

☐ Aisle  OR  ☐ Center

TICKET CREDITS from the 2019-2020 Season?
Don't worry! Let us know your package choice, zone seating, and how many subscriptions you want. We will make the reservation for you now!

Paying by credit card? Finish filling out the form and we will apply the credits to your total before processing. Paying by check? Call the box office first for the total amount due, we will make the reservation, and finish processing the order after receiving your check in the mail. DO NOT MAIL A BLANK CHECK.

MAIL TO:
The REP - Roselle Center for the Arts, 110 Orchard Road, Univ. of Delaware, Newark, DE 19716

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

IMPORTANT: Read the “How to Order” pages before filling out the form below. It will help answer questions you may have!

QUESTIONS?
Call us at (302) 831-2204 or email at cfa-boxoffice@udel.edu.

PAYMENT:
☐ Enclosed is my check made out to the University of Delaware/REP
☐ Visa  ☐ MasterCard  ☐ Discover  ☐ American Express

Credit Card #:

Grande TOTAL DUE

Exp. Date: __________  3 or 4 digit security code: ________

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