REP 2022-2023 TWO SHOW PACKAGE SUBSCRIPTION ORDER FORM

NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

IMPORTANT: Read the "How to Order" and the "Roll-Over Reservation" pages before filling out the form below. It will help answer questions you may have!

1. THOMPSON THEATRE PACKAGE CHOICE

		Check One
○ 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

** Talkback for Medea ONLY*

2. THOMPSON THEATRE PRICE ZONE SEATING:

CHECK the desired price zone for the correct buyer type

BUYER TYPE	○ ZONE 1	○ ZONE 2
General Public	○ **$69** Price of Subscription	○ **$62** Price of Subscription
Senior/UD Fac/Staff	○ **$64** Price of Subscription	○ **$57** Price of Subscription
Student*	○ **$35** Price of Subscription	○ **$27** Price of Subscription

3. QUESTIONS ABOUT TICKET CREDITS OR THE NEW ROLL-OVER RESERVATIONS?

See the "How To Order" page. If your question isn't answered there, call us at (302) 831-2204 or email us at cfa-boxoffice@udel.edu

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 **=** _____

☐ Aisle **OR** ☐ Center ☐ ♿

Note: We cannot guarantee specific seating requests.

+ processing fee: $4.00 *PER* SUBSCRIPTION _____

+ OPTIONAL Parking Codes: **$6 per show for Season subscribers**; $7 per show for all others _____

= SUBSCRIPTION SUBTOTAL _____

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

GRAND TOTAL DUE _____

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 #: _____ 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
Subscriptions will be processed in the order they are received. Please do not email CC information.