REP 2024-2025 SUBSCRIPTION ORDER FORM

NAME: ________________________________

ADDRESS: _____________________________

CITY: ____________ STATE: _____ ZIP: _______

PHONE: ________________________________ EMAIL: ________________________________

1. PICK your preferred time and date for What the Constitution Means to Me

- **GORE RECITAL HALL** (two week run only)
  - 1a. Friday (Preview) 7:30 PM Sep. 13
  - 1b. Saturday (Opening) 7:30 PM Sep. 14
  - 1c. Sunday 2 PM Sep. 15

- **THOMPSON THEATRE**
  - 2a. Thursday 7:30 PM Sep. 19
  - 2b. Friday (Talkback) 7:30 PM Sep. 20
  - 2c. Saturday 2 PM Sep. 21
  - 2d. Saturday 7:30 PM Sep. 21
  - 2e. Sunday 2 PM Sep. 22

2. PICK your preferred PACKAGE for the Thompson Theatre

- **THOMPSON THEATRE PACKAGE**
  - 3a. 1st Thursday (Preview) 7:30 PM Sep. 19 Nov. 7 Feb. 13 Apr. 10
  - 3b. 1st Friday (Preview) 7:30 PM Sep. 20 Nov. 8 Feb. 14 Apr. 11
  - 3c. 1st Saturday (Opening) 7:30 PM Sep. 21 Nov. 9 Feb. 15 Apr. 12
  - 3d. 1st Sunday 2 PM Sep. 22 Nov. 10 Feb. 16 Apr. 13
  - 4a. 2nd Thursday (Talkback) 7:30 PM Sep. 26 Nov. 14 Feb. 20 Apr. 17
  - 4b. 2nd Friday 7:30 PM Sep. 27 Nov. 15 Feb. 21 Apr. 18
  - 4c. 2nd Saturday (Prologue) 2 PM Sep. 28 Nov. 16 Feb. 22 Apr. 19
  - 4d. 2nd Saturday 7:30 PM Sep. 28 Nov. 16 Feb. 22 Apr. 19
  - 4e. 2nd Sunday *NOTE: includes one WEDNESDAY evening performance on Apr. 16 due to Easter '25. There are no performances on Easter '25.
    - 2 PM Sep. 29 Nov. 17 Feb. 23 Apr. 16
  - *WED. 7:30 PM
  - 5a. 3rd Thursday 7:30 PM Oct. 3 Nov. 21 Feb. 27 Apr. 24
  - 5b. 3rd Friday (Talkback) 7:30 PM Oct. 4 Nov. 22 Feb. 28 Apr. 25
  - 5c. 3rd Saturday 2 PM Oct. 5 Nov. 23 Mar. 1 Apr. 26
  - 5d. 3rd Saturday 7:30 PM Oct. 5 Nov. 23 Mar. 1 Apr. 26
  - 5e. 3rd Sunday (Prologue) 2 PM Oct. 6 Nov. 24 Mar. 2 Apr. 27

3. CHECK your desired PRICE ZONE for the correct BUYER TYPE

<table>
<thead>
<tr>
<th>BUYER TYPE</th>
<th>ZONE 1</th>
<th>ZONE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Public</td>
<td>$150</td>
<td>$138</td>
</tr>
<tr>
<td>Senior/UD Fac/Staff</td>
<td>$140</td>
<td>$126</td>
</tr>
<tr>
<td>Student*</td>
<td>$81.5</td>
<td>$65.5</td>
</tr>
</tbody>
</table>

*must be a FULL-TIME student. Student ID required.

Note: We cannot guarantee specific seating requests.

PAYMENT: □ Enclosed is my check made out to the University of Delaware/REP
  □ Visa □ MasterCard □ Amer. Express □ Discover

Credit Card #: ________________________________

Exp. Date: ___________ 3 or 4 digit security code: ________________________________

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