

BROADWAY

AT THE EMBASSY

SUBSCRIBE TODAY
FWEMBASSYTHEATRE.ORG
CALL 260.424.5665

TELL US ABOUT YOU - I AM A...

RENEWING Subscriber- Renewal Deadline is Friday, May 24

NEW Subscriber- For best seating, ORDER NOW!
Orders processed by date received.

SELECT YOUR SERIES AND PRICE LEVEL

LEVEL 1 **LEVEL 2** **LEVEL 3**

6 - Show Series \$440.00 \$320.00 \$225.00

<i>The Color Purple</i>	Tuesday, October 29, 2019	7:30pm
<i>Cirque Dreams Holiday</i>	Tuesday, December 17, 2019	7:30pm
<i>Fiddler On The Roof</i>	Wednesday, February 5, 2020	7:30pm
<i>Beautiful</i>	Wednesday, April 15, 2020	7:30pm
<i>Waitress</i>	Tuesday, April 21, 2020	7:30pm
<i>Cats</i>	Tuesday, May 5, 2020	7:30pm

5 - Show Series \$370.00 \$270.00 \$185.00

<i>The Color Purple</i>	Tuesday, October 29, 2019	7:30pm
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RENEWAL OPTIONS - NEW SUBSCRIBERS, PLEASE SKIP THIS STEP

- Option 1: Exact Renewal:** Please renew my current seats.
- Option 2: Custom Renewal*** (Leave space blank if not applicable)
 - Seat Upgrade: Better seats, same price level.
 - Quantity change: I would like to change my number of seats to: _____
 - Price Level Change: Please change to: L1 L2 L3
 - Check if you require accessible seating. # of seats _____

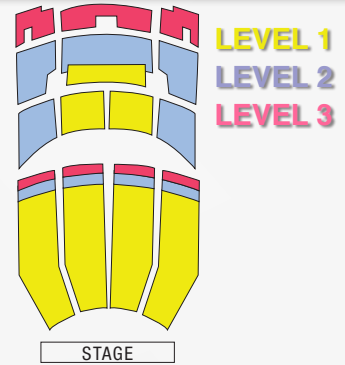
*Changing your seat quantity, price level, or series may affect your seating location.

Questions? For personalized service, please call us.

CUSTOMER ACCOUNT NUMBER (OFFICE USE ONLY)

SUBSCRIBING IS EASY!

ONLINE: FWEmbassyTheatre.org
CALL: 260.424.5665
MAIL: The Embassy Box Office
125 W. Jefferson Blvd.
Ft. Wayne, IN 46802



TOTAL YOUR ORDER

6 Shows # of Seats x \$ Price = \$ Subtotal

5 Shows # of Seats x \$ Price = \$ Subtotal

Handling Charge + \$6.00

TOTAL =

Subscription package price includes all taxes, fees and service charges. Prices, shows, schedules and artists subject to change. Payments processed when orders are received. All sales are final, no refunds. Season tickets will be mailed prior to first performance.

PAYMENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____
Please make checks out to **EMBASSY THEATRE** check # _____

Please charge the full amount to my: Visa MasterCard Amex Discover

CARD NUMBER _____ EXP. DATE _____

NAME ON CARD _____

X _____
SIGNATURE

