

ORDER FORM

2018/19 SEASON

PHONE: 410.752.2208

ONLINE: everymantheatre.org

MAIL: 315 W. Fayette St. Baltimore, MD 21201

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____
All tickets purchased on this order will be sent to this address.

CITY, STATE, ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

SUBSCRIPTION CHOICE:

I am a current subscriber. Keep my seats and series the same as last year.

Seating Section: A B Number of seats: 1 2 3 4 _____
Other

Series: Premium Regular Saver Preview
 Opening (Fri), 8pm Tue, 7:30pm* Wed, 1pm* Preview Tues, 7:30pm
 Fri, 8pm Wed, 7:30pm Senior Sat, 2pm*** Preview Wed, 7:30pm
 Sat, 8pm Thu, 7:30pm Senior Sun, 7pm*** Preview Thu, 7:30pm
 Sun, 2pm Talkback (Thu), 7:30pm** Sat, 2pm Snap! Pass****
 Sun, 7pm

*One selected performance per run
**Fourth Thu of the run
***For patrons aged 65 and over
****For patrons under 40. Must be born after September 4, 1978.

Special Seating Requests: _____
PLEASE CONSIDER ACCESSIBILITY NEEDS. Attach any additional information or requests regarding your subscription to your order form and we will do our best to take accommodate your needs!

ATTEND WITH OTHERS?

Name: _____

This person is included in this subscription.

Phone: _____

Email: _____

This person has their own subscription.

CALCULATE TOTAL AMOUNT DUE:

Subscription Subtotal: \$ _____

Order Handling Charge: (\$6 per seat) \$ _____

Check To Add Parking For The Season: (\$8/car per show) \$ **56.00** _____

I WOULD LIKE TO SUPPORT EVERYMAN! PLEASE ADD A TAX-DEDUCTIBLE DONATION TO MY ORDER: \$ _____

TOTAL DUE:

\$ _____
Orders will be processed within approximately 4-6 weeks. All sales final.

CHOOSE PAYMENT METHOD:

Credit Card (Visa, Mastercard, Amex, Discover) Check (made payable to Everyman Theatre)

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

For more payment options contact the Box Office:
410.752.2208 or boxoffice@everymantheatre.org