

2017-2018

PERFORMING ARTS SERIES SUBSCRIPTION FORM

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Email _____

Renew my seat(s) _____

Renew, but move to _____

New subscriber - call me to discuss seating

I wish to make a charitable donation to the theatre to help fund educational programs and ongoing restoration.

Actor: Up to \$249 **Director:** \$250-\$499

Producer: \$500-\$999 **Star:** \$1,000 +

No. of seats _____ x \$165.00 = \$ _____

Charitable Donation Amount + \$ _____

Total \$ _____

PAYMENT METHOD

Check Credit Card

Card # _____

Expiration _____ CVV _____

Signature _____



Mail to: Smoot Theatre

P.O. Box 886

Parkersburg, WV 26102

304-422-7529 • smoottheatre.com