



5-SHOW SUBSCRIPTION FORM!

We have announced our 45th season, which will feature five remaining productions. Which includes a musical dinner theater production "The Kids Left, The Dog Died, Now What?", a Young People's Theatre production "The Lightning Thief," and the musical "The Sound of Music."

2025 ACT 5-SHOW SUBSCRIPTION FORM

NAME: _____
BUSINESS: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
EMAIL: _____

\$ _____ **SUBSCRIPTION AMOUNT**
\$ _____ **DONATION AMOUNT**
\$ _____ **TOTAL**

- PAYMENT ENCLOSED (checks payable to ACT)
- Please charge my credit card to pay for the total listed above

Please write clearly. Expiration date ____ / ____ CVV: _____

Card number _____

Signature _____

PLEASE NOTE THAT PAYMENTS WILL BE PROCESSED AFTER DECEMBER 1ST, 2024 AND ONLY CONTRIBUTION AMOUNT IS TAX DEDUCTIBLE AS PROVIDED BY LAW

VIP SUBSCRIPTION

I am purchasing ____ VIP Subscription(s) **\$195** each = \$ _____
VIP Subscription includes reserved seat(s). My tickets will be mailed to me. Earliest choice of seats for dinner theater. My name will be listed in ACT's programs.

- I would like to keep my 2024 seat(s).
- Please call me so I can select seat(s)/performance

FLEX SUBSCRIPTION

I am purchasing ____ Flex Subscription(s) **\$190** ea. = \$ _____
Flex includes **SIX** ticket credits, which can be used in any combination for **FIVE** remaining season productions. Limit of **ONE** credit for dinner theater. Subscriber card will be mailed to me. I will need to redeem my credit to choose a seat before each show.

INDIVIDUAL SUBSCRIPTION

I am purchasing ____ Individual Subscription(s) **\$135** ea. = \$ _____
My Individual Subscription includes **FIVE** ticket credits, one for each of the **FIVE** remaining season productions. My subscriber card will be mailed to me. I will need to redeem my credit to choose a seat before each show.

2025 GIFT 5-SHOW SUBSCRIPTION FORM

RECIPIENT'S NAME: _____
RECIPIENT'S ADDRESS: _____
RECIPIENT'S CITY/STATE/ZIP: _____
RECIPIENT'S PHONE: _____
RECIPIENT'S EMAIL: _____

GIVER'S NAME: _____
GIVER'S ADDRESS: _____
GIVER'S CITY/STATE/ZIP: _____
GIVER'S PHONE: _____
GIVER'S EMAIL: _____

- PAYMENT ENCLOSED (checks payable to ACT)
- Please charge my credit card to pay for the total listed above

Please write clearly. Expiration date ____ / ____ CVV: _____

Card number _____

Signature _____

VIP SUBSCRIPTION

I am purchasing as a gift ____ VIP Subscription(s) **\$195** each = \$ _____
VIP Subscription includes reserved seat(s). Tickets will be mailed to the recipient. Earliest choice of seats for dinner theater. Their name will be listed in ACT's programs.

- The recipient had seat(s) in 2024 and they would like to keep these seat(s).
- Please call the recipient so they can select seat(s)/performance.

FLEX SUBSCRIPTION

I am purchasing as a gift ____ Flex Subscription(s) **\$190** ea. = \$ _____
Flex includes **SIX** ticket credits, which can be used in any combination for **FIVE** remaining season productions. Limit of **ONE** credit for dinner theater. Subscriber card will be mailed to the recipient. They will need to redeem their credits to choose a seat before each show.

INDIVIDUAL SUBSCRIPTION

I am purchasing as a gift ____ Individual Subscription(s) **\$135** ea. = \$ _____
Individual Subscription includes **FIVE** ticket credits, one for each of the **FIVE** remaining season productions. Subscriber card will be mailed to the recipient. They will need to redeem their credit to choose a seat before each show.