

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**1. SELECT YOUR ACCESSIBILITY SERVICE & PERFORMANCE SERIES :**

(Note: In our 2018/19 season, ASL interpretation and open captioning will take place during the same performance.)

Select type of accessibility service/s needed:  ASL interpretation  Open Captioning  ASL & Open Captioning  Audio Described

**ASL & OPEN CAPTIONED** - or -

**AUDIO DESCRIBED**

SUNDAY, OCTOBER 28, 2018, 1:30 PM - *COME FROM AWAY*  
 SUNDAY, DECEMBER 16, 2018, 1:30 PM - *ANNIE*  
 SUNDAY, FEBRUARY 24, 2019, 1:30 PM - *ROCK OF AGES*  
 SUNDAY, APRIL 14, 2019, 1:30 PM - *LITTLE DANCER*  
 SUNDAY, APRIL 21, 2019, 1:30 PM - *URINETOWN* at ACT  
 SUNDAY, JUNE 23, 2019, 1:30 PM - *WEST SIDE STORY*

SATURDAY, OCTOBER 27, 2018, 2:00 PM - *COME FROM AWAY*  
 SATURDAY, DECEMBER 15, 2018, 2:00 PM - *ANNIE*  
 SATURDAY, FEBRUARY 23, 2019, 2:00 PM - *ROCK OF AGES*  
 SATURDAY, APRIL 13, 2019, 2:00 PM - *LITTLE DANCER*  
 SATURDAY, APRIL 27, 2019, 2:00 PM - *URINETOWN* at ACT  
 SATURDAY, JUNE 22, 2019, 2:00 PM - *WEST SIDE STORY*

**SEATING PREFERENCE**

Check if you prefer an aisle seat.

**SEATING PREFERENCES**

Check if you prefer an aisle seat.

Closer to stage - or -  Closer to center

Any other seating requirements? \_\_\_\_\_

**2. SELECT YOUR SHOWS:**

TAKE ALL 6 SHOWS (best benefits, including free parking!)

- or -

BUILD YOUR OWN PACKAGE (Note: *Come From Away* is not available in a 3 show package.)

*Come From Away*

*Annie*

*Rock of Ages*

*Little Dancer*

*Urinetown* (at ACT Theatre)

*West Side Story*

**3. SELECT YOUR SUBSCRIPTION PRICE:**

6 SHOWS for \$190

5 SHOWS for \$185

4 SHOWS for \$150

3 SHOWS for \$115

**SUBSCRIPTION PRICE**

\$ \_\_\_\_\_ X # of Packages \_\_\_\_\_ = \$ \_\_\_\_\_

**PARKING - \$6 PER SHOW**

*FREE when taking all 6 musicals!* = \$ \_\_\_\_\_

**ANNUAL FUND GIFT**

*Support the art on stage and our education programs.* \$ \_\_\_\_\_

**TOTAL PAYMENT = \$ \_\_\_\_\_**

I've enclosed a check payable to The 5th Avenue Theatre

I'll pay by credit card:  Visa  MC  AmEx  Discover

Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Payment Schedule (choose one):  In full  In 2 monthly installments

(Credit cards only. First installment now. Remainder charged on the 25th of the following month. Must be paid in full prior to the first show.)

**MAIL COMPLETED FORMS TO:**

ATTN: SUBSCRIPTIONS  
 1326 5th Avenue Suite 735  
 Seattle, WA 98101