SUBSCRIPTION DEADLINE IS FRIDAY, JULY 27, 2007

Patron Information

NAME

ADDRESS

CITY STATE ZIP

( ) ( )
DAY PHONE EVENING PHONE Must have contact daytime phone number to process order.

EMAIL ADDRESS (Ensure delivery of Hershey Theatre emails to your inbox by adding htheatre@hersheytheatre.com to your email address book.

2 Choose your subscription series

Broadway Series

❑ Tues. Eve. ❑ Wed. Eve. ❑ Thurs. Eve. ❑ Fri. Eve.
❑ Sat. Mat. ❑ Sat. Eve. ❑ Sun. Mat. ❑ Sun. Eve.

_____ Seat Location _____ No. of Seats X _____ Price = $_____

Great Artists Series

_____ Seat Location _____ No. of Seats X _____ Price = $_____

Entertainers Series

_____ Seat Location _____ No. of Seats X _____ Price = $_____

Optional Attraction *(Spelling Bee)*

❑ Fri. Eve. ❑ Sat. Mat. ❑ Sat. Eve.
❑ Sun. Mat. ❑ Sun. Eve.

Only available with a subscription purchase at this time.

_____ Seat Location _____ No. of Seats X _____ Price = $_____

Only available with a subscription purchase at this time.

Sub Total = $_____

I wish to make a tax-deductible gift to support Hershey Theatre.
Gifts of $100+ entitle you to membership in the Hershey Theatre Guild.

A copy of the official registration and financial information may be obtained from the PA Dept. of State by calling toll free (within PA) 1-800-732-0999. Registration does not imply endorsement.

We regret that we can no longer absorb the escalating expense of processing your order. To help offset this cost, we have established a per order processing fee. However, we have waived this fee for all subscription orders.

Optional Donation = $ 20.00

Guild Membership = $_____

Processing Fee = $ ~~5.00~~

GRAND TOTAL = $_____

3 Method of Payment

❑ Check enclosed payable to Hershey Theatre. Check Number _____

Charge my ❑ VISA ❑ MasterCard
❑ American Express ❑ Discover
❑ Diners Club

Card Number

Exp. Date

Signature

Credit Card ID #

4 Special needs, if any

❑ Wheelchair (❑ Stay in wheelchair ❑ Transfer to seat) ❑ Other _____

5 Place Your Order

Fax: Fax the completed order form to **(717) 533-2882**. We do not verify the receipt of each fax. If you are unsure, please mail your order marked "duplicate."

Mail: Mail completed form with self-addressed stamped envelope to:
Hershey Theatre
P.O. Box 395, Hershey, PA 17033

SUBSCRIPTION ORDERS CANNOT BE ACCEPTED BY PHONE AT THIS TIME