# SUBSCRIPTION ORDER FORM

**†RUSH to order your subscription package & receive a FREE Hersheypark® one-day admission. Deadline: May 14, 2018**

**New Subscription Deadline: July 2, 2018**

## Patron Information (Please Print)

NAME

ADDRESS

CITY STATE ZIP

EVENING PHONE DAYTIME PHONE

EMAIL ADDRES

☐ Yes, I am at least 18 years of age and would like to receive emails regarding *Hershey Entertainment & Resorts*' Events.

## Broadway Series

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

**NOTE**: There will not be a Sunday evening performance of *On Your Feet!*

If selecting a Sunday evening subscription, please indicate which performance of *On Your Feet!* you would like to attend: _____

## Subscription Pricing

### Broadway Series

| Tue/Wed (7:30 PM) / Sun (6:30 PM) | Thur (7:30 PM) / Sat (2 PM) / Sun (1 PM) | Fri/Sat (8 PM) |
|---|---|---|
| **Premium Orchestra or Loge**<br>**$325 ($321.60 + $3.40 Amusement Tax)** | **Premium Orchestra or Loge**<br>**$345 ($341.60 + $3.40 Amusement Tax)** | **Premium Orchestra or Loge**<br>**$365 ($361.60 + $3.40 Amusement Tax)** |
| **Orchestra**<br>**$305 ($301.60 + $3.40 Amusement Tax)** | N/A | N/A |
| **Rear Orchestra & Premium Balcony**<br>**$245 ($241.60 + $3.40 Amusement Tax)** | **Rear Orchestra & Premium Balcony**<br>**$325 ($321.60 + $3.40 Amusement Tax)** | **Rear Orchestra & Premium Balcony**<br>**$345 ($341.60 + $3.40 Amusement Tax)** |
| **Balcony**<br>**$185 ($181.60 + $3.40 Amusement Tax)** | **Balcony**<br>**$265 ($261.60 + $3.40 Amusement Tax)** | **Balcony**<br>**$285 ($281.60 + $3.40 Amusement Tax)** |
| **Cloud Club**<br>**$100 ($96.60 + $3.40 Amusement Tax)** | **Cloud Club**<br>**$165 ($161.60 + $3.40 Amusement Tax)** | **Cloud Club**<br>**$165 ($161.60 + $3.40 Amusement Tax)** |

**NOTE**: Please see color coded seating map included for seat locations.

- All purchased tickets are subject to Derry Township Amusement Tax of 10% capped at $0.85 per admission.
- Sunday matinee performances are ASL interpreted.

## Accessible Needs *(Please note, there is no elevator to the balcony and loge sections.)*

Do you require accessible seating? ☐ YES ☐ NO If yes, a representative will contact you to assist with your order.

## Order Information

**Subscription Renewal** _____ (Location) _____ (No. of Seats) x _____ (Price) = $_____

☐ 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.

Sub Total = $_____

Optional Donation = $ 25.00

Guild Membership = $_____

SERIES TOTAL = $_____

## Method of Payment

☐ Check enclosed payable to Hershey Theatre

Check Number _____

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

_____ (Signature)

/ (Exp. Date)

**† One (1) *Hersheypark* admission per subscription ticket ordered. *Hersheypark* admission valid through July 31, 2018.**

**Send completed forms to Hershey Theatre | PO Box 395 | Hershey, PA 17033**