



4351 Peninsula Players Road
Fish Creek, WI 54212
www.peninsulaplayers.com

(920)868-3287
tickets@peninsulaplayers.com

2024 Peninsula Players Theatre Flex/New Subscription Form

Please return this form with your payment by Feb. 23, 2024

NAME: _____

BILLING ADDRESS: _____

- Email my tickets to me once processed
- Hold my tickets at the Box Office
- Mail tickets to the above billing address
- Mail tickets to the mailing address below:

MAILING ADDRESS: _____

PHONE: _____

E-MAIL: _____

Season Individual Ticket Price

Rows 1-10 (A-K) \$47.70 Musical=\$50.40
Rows 11-14 (L-O) \$45.00 Musical=\$47.70
Rows 15-18 (P-S) \$42.30 Musical = \$45.90

If ordering Flex and know your dates, please list below. If not enough room, please use back of form.

Date	Rows req	Price per tix	#tx	Sub Total
<i>Samples:</i>				
Wed. 6/26	L-O	\$45.00	4	\$ 180.00
Sat. 8/17	A-K	\$50.40	4	\$201.60

Please note: Students 18 and under receive half-price tickets. Please indicate on your order if you have a student ticket.

Handling fee on entire order \$8.00

Yes, I would like to make a Tax-Deductible Donation _____

Total Due _____

If Ordering a Series Subscription:

If you wish to book a Series Package from the Sub Grid, such as 2-Wed, see below. Once the Feb. 23 deadline has passed, we will begin to fill exchanges and flex orders in the order the form was received.

Seating area requested: _____ (Such as Rows 1-4) Series Package Requested _____ (Such as 2Wed)

Number of tickets _____ X _____ = _____
(#of seats) (price)

Subscription & Additional Ticket Total: \$ _____

Handling Fee: \$ **8.00**

Annual Fund Donation: \$ _____

GRAND TOTAL: \$ _____

Season Package Prices

Rows 1-10 \$241.20
Rows 11-14 \$227.70
Rows 15-18 \$215.10

Payment:

- My check is enclosed.
- Charge my American Express/Discover/MasterCard/Visa

Name as appears on card: _____

Card# _____ Exp. _____

Signature _____ 3-digit CVV Code # _____ (found on the back of card)