



4351 Peninsula Players Rd.
Fish Creek, WI, 54212
peninsulaplayers.com
(920) 868-3287

2025 Peninsula Players Theatre Subscriber Form

Name: _____

Billing Address: _____

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

Mailing Address: _____

Phone: _____

E-mail: _____

Subscription Price Per Person

Every subscription includes 1 ticket to each of the 5 shows.

Rows A-K: \$254.70

Rows L-O: \$241.20

Rows P-S: \$232.20

Flex Subscription Dates

Please check below which type of subscription you would like:

Flex Subscription

Series Subscription

If Flex Subscription and you already know when you would like to attend, please indicate the dates in the above box & any location preferences (i.e. aisle, toward center).

**If Series Subscription, please indicate which Series Package from the Subscription Grid you would like (i.e. First Fridays, Second Tuesdays, Matinees, etc) and any location preferences.*

Number of Subscriptions (ie number of people attending): _____

Seating Area Requested: Rows _____ ***Series Package:** _____

(Subscription Total = Subscription Price Per Person x Number of Subscriptions)

Subscription Total: \$ _____

Subscription Order Fee: **\$8.00**

Annual Fund Donation: \$ _____

GRAND TOTAL: \$ _____

Payment: My check is enclosed Charge my American Express/Discover/Mastercard/Visa

Name as appears on card: _____

Card #: _____ Expiration: _____

Signature: _____ CVV Code #: _____