



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

2026 Peninsula Players Theatre Subscriber Form

Name: _____

Billing Address: _____

I would like to purchase a:

☐ Flex Subscription

☐ Series Subscription

*For Flex Subscriptions - If you already know your dates, please indicate them in the box along with any location preference (i.e. aisle, toward center).

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

How would you like your tickets delivered?

☐ 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: \$253.30

Rows L-O: \$240.55

Rows P-S: \$232.05

Flex Subscription Dates

Number of Subscriptions (i.e. 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: **\$9.00**

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 #: _____