

2024-2025 SUBSCRIPTION FORM

REMY BUMPPPO
think theatre

MY INFORMATION

Name: _____

Address: _____

City, State, Zip Code: _____

Primary Phone Number: _____

Primary Email Address: _____

MY SUBSCRIPTION ORDER

Fill in the subscription cost and code from the enclosed Subscription Options Guide.

I want:

- a 2-Play Anytime Flex Pass
- a 2-Play Weeknight Flex Pass (Thu/Fri Eve)
- a 2-Play Weekend Flex Pass (Sat Mat/Eve, Sun Mat)
- an Under 35 Weeknight Flex Pass (Thu/Fri Eve)
- a Series Subscription _____.

Series Subscription Code

Seating requests (Series Subscriptions Only):

- Wheelchair accessible seats
- Cannot climb stairs
- Other: _____
- Seat me with: _____

SUBSCRIPTION COST: _____ X _____ = _____
of Subscriptions Price per Subscription Total Subscription Cost

TAX DEDUCTIBLE DONATION: \$500 \$250 \$100 \$50 \$25 Other: _____ = _____
Total Donation

GRAND TOTAL = _____

PAYMENT OPTIONS

CHECK - Please make checks payable to **REMY BUMPPPO THEATRE COMPANY**

CREDIT CARD

Card Number: _____

Exp. Date: _____ CSV: _____

SUBMISSION OPTIONS

1. Mail in your order form to: **Remy Bumpopo Theatre Company, 3759 N. Ravenswood Avenue, Suite 124, Chicago, IL 60613.**
2. Call **773.244.8119** to order by phone.
3. Visit us online at **www.RemyBumpopo.org** to order online.