SEASON 24 SUBSCRIPTION ORDER FORM*

→ YES! Let's share the joy of live theatre at GBSC! Call 781-279-2200 for personal service Tuesday-Friday noon-4pm.

1. SUBSCRIBER INFO	
NAME:	
ADDRESS:	
CITY:) (STATE:) (ZIP CODE:)
PHONE: EMAIl	L:
2. SUBSCRIPTION INFO	
ALL-ACCESS FLEX PASS	
	# OF PASSES: × \$420 = \$
PREMIER FLEX PASS	# OF PASSES: × \$295 = \$
□ FIRST LOOK FLEX PASS	# OF PASSES: × \$260 = \$
WED MATINEE FLEX PASS	# OF PASSES: × \$260 = \$
THU PARTY NIGHT FLEX PASS	# OF PASSES: × \$280 = \$
□ STUDENT FLEX PASS	# OF PASSES: × \$150 = \$
3. RESERVATIONS & PREFERENCES	
RENEWING YOUR SU	JBSCRIPTION? Please choose one:
Keep my preferences. Continue to PAYMENT . Change my preferences. Continue below.	
 I want one reserved ticket for each Main Week 1 (NA Wed Mat & Thu Eve) Wed 2p Thu 7:30p Orchestra Balcony 	」Week 2 □ Week 3
□ I want to reserve multiple tickets for at least one show. Please call me to take my order.	
□ I'm not ready to reserve my tickets yet.	
4. PAYMENT	
SUBSCRIPTION(S) TOTAL (from above):	
☐ I'm a senior (62+). Please deduct \$10 pe	er membership SUBSCRIPTION TOTAL:
We rely on the support of donors to bring vibrant, professional theatre and education beyond the boundaries of Boston. Please consider a donation.	
ADD ON A TAX-DEDUCTIBLE DONA	GRAND TOTAL:
Please note: You will receive your tickets via email. We no longer print physical tickets.	
CHECK (Mail to: GBSC, 395 Main St., Stoneham MA 02180)	
CARD #:	
SIGNATURE:	EXP DATE: CVV:

*All titles and dates are subject to change. We may not be able to ensure all seating preferences. We will contact you to arrange changes if necessary.