

25 for 25

BECOME A REP STAGE MEMBER AND SAVE!

WHY BECOME A MEMBER?

IN ADDITION TO SUBSTANTIAL SAVINGS ON THE \$40.00 SINGLE TICKET PRICE, REP STAGE MEMBERS ARE ENTITLED TO OTHER BENEFITS WHICH INCLUDE:

- Artist “meet and greet” opportunities
- Exclusive “behind-the-scenes” tours and rehearsal visits
- Discounts on tickets for friends and family
- Our “no-charge” ticket exchange policy

4 SHOW
MEMBERSHIP

\$100.00

(\$25 per ticket)

3 SHOW
MEMBERSHIP

\$75.00

(\$25 per ticket)

Complete and return Membership form or go to repstage.org to become a Member today!

**ALL PERFORMANCES ARE IN THE STUDIO THEATRE
AND ALL SEATS ARE RESERVED**

*Memberships cannot be combined with any other ticket purchases or discount offers.
All titles, prices, and schedules are subject to change.*



CONTACT AND PAYMENT INFO

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

If paying by check, please make payable to: **Howard Community College**

If paying by credit card, please complete: VISA MC DISCOVER AMEX

Account # _____ Exp Date _____ CVV _____

Daytime Phone _____ Evening Phone _____

SPECIAL PATRON SERVICES

Hearing devices are available at the Horowitz Center Box Office. For patrons with mobility issues, the Horowitz Center suggests requesting accessibility seating when ordering tickets below

FRONT ROW WHEELCHAIR WALKER HEARING DEVICE

CHOOSE SHOWS, DATES, AND TIMES

SEPTEMBER 7–24, 2017

THE HEIDI CHRONICLES

Date/Time _____

NOVEMBER 2–19, 2017

LADY DAY AT EMERSON'S BAR AND GRILL

Date/Time _____

FEBRUARY 8–25, 2018

ALL SHE MUST POSSESS

Date/Time _____

APRIL 26–MAY 13, 2018

TRUE WEST

Date/Time _____

Not sure of shows or dates. By choosing this option you will need to contact the Horowitz Center Box Office to book your specific shows/dates prior to arrival by calling 443.518.1500 ext 0 or by email: boxoffice@howardcc.edu. Tickets are subject to availability and all exchange/latecomer policies apply.

CALCULATE THE TOTAL

4 SHOW MEMBERSHIP: \$100.00 3 SHOW MEMBERSHIP: \$75.00

NUMBER OF MEMBERSHIPS: _____

MEMBERSHIP PRICE: x \$ _____

MEMBERSHIP SUBTOTAL: = \$ _____

OPTIONAL TAX DEDUCTIBLE DONATION: + \$ _____

PROCESSING FEE*: + \$ 3.00

2017–2018 MEMBERSHIP TOTAL: \$ _____

MAIL THIS COMPLETED FORM TO: Horowitz Center Box Office, Howard Community College, 10901 Little Patuxent Parkway, Columbia, MD 21044

* Processing fee covers Horowitz Center costs in providing ticketing services