

FLEX PASS ORDER FORM

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

EMAIL _____

1

SUBSCRIBE WITH A FLEX PASS

FLEX PASS = 4 tickets, good for any performance.
NEXT STEP: How do you wish to use your flex pass?

A

Total flexibility! I'll call when I know my dates.

OR

B

I know my dates now! No need for me to call.

TELL US! EXAMPLE: 1st Sat. @ 4 **OR** write dates below.

* You may also purchase both Flex Passes and tickets to single shows on line at artistsensemble.org/tickets

2

HOW MANY?

FLEX PASS(ES) No. _____ x \$100 = \$ _____

HANDLING CHARGE \$ +2.00

Optional but *deeply* appreciated donation \$ _____

TOTAL \$ _____

CHECK if you require special needs seating.

3

PAYMENT

CHECK **CREDIT CARD** 3-DIGIT CODE _____

16-digit CARD # _____ EXP. DATE _____

E MAIL: boxoffice@artistsensemble.org

OR CALL: **815.394.5004** open 11-3, Mon.–Fri.

OR MAIL: Artists' Ensemble Theater
P.O. Box 1684 • Rockford IL 61110