



# 2025-2026 SUBSCRIPTION SERIES

OFFICE USE ONLY

DR:	_____
AT\$:	_____
PD:	_____
SA:	_____

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Evening: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Contributors to New Stage

We deeply appreciate the support of our contributors. Gifts are entirely tax deductible since you purchase your season tickets separately. Contributing categories are listed below.

☐ **Grand Benefactor:** \$2500 or more

☐ **Angel:** \$300-\$499

☐ **Benefactor:** \$1000-\$2499

☐ **Patron:** \$100-\$299

☐ **Archangel:** \$500-\$999

Print your name as you would like it to appear in the program:

Amount of Contribution:

\$ \_\_\_\_\_

Ticket Package	Early Bird	After July 31	Qty.	Total
Evening (Tues-Sat 7:00 pm)	\$150*	\$170*		
Matinees (Sun 2:00 pm)	\$150*	\$170*		
Flexipass (five plays)	\$150*	\$170*		
Mini Flexipass (three plays)	\$90			
*Seniors (age 60 and over) and students deduct \$10.00 per subscription, except Mini Flexipass.		Subtotal		
		less discount*		
		donor contribution		
		handling fee		2.00
		TOTAL		\$

If you were a 2024-2025 subscriber do you wish to keep the same performance dates and seat numbers? ☐ Yes. If not, please indicate changes desired below under new subscribers section. **Please note: On July 31, all seats not renewed will be released** in order to process subscription change requests and new subscriptions.

**New Subscribers (or changes), please indicate a 1st and 2nd choice on performance and a seating preference:**

**Performance preference:** (Please indicate 1st and 2nd choice.) ☐ 1<sup>st</sup> Tuesday ☐ 1<sup>st</sup> Wednesday

☐ 1<sup>st</sup> Thursday ☐ 1<sup>st</sup> Friday ☐ 1<sup>st</sup> Saturday ☐ 1<sup>st</sup> Sunday ☐ 2<sup>nd</sup> Tuesday ☐ 2<sup>nd</sup> Thursday ☐ 2<sup>nd</sup> Friday

☐ 2<sup>nd</sup> Saturday ☐ 2<sup>nd</sup> Sunday

**Seating preference:** Section: ☐ Left ☐ Center ☐ Right Row: \_\_\_\_\_ Seats: \_\_\_\_\_

**Payment:** ☐ Visa® ☐ Mastercard® ☐ American Express® ☐ Discover® ☐ Cash ☐ Check

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Make checks payable to New Stage. Mail: PO Box 4792, Jackson MS 39296.  
Tickets will be mailed by the end of August.