

**PROVIDENCE PERFORMING ARTS CENTER
2017-2018 BROADWAY SERIES
5 SHOW PACKAGE**

**LOVE NEVER DIES, THE BODYGUARD
ON YOUR FEET!, AN AMERICAN IN PARIS, SOMETHING ROTTEN!**

Series: A: Friday 7:30pm
 B: Saturday 8pm F: Tuesday 7pm
 C: Saturday 2pm G: Wednesday 7pm
 D: Sunday 1pm H: Thursday 7:30pm
 E: Sunday 6:30pm

May OPT OUT of any
show in BDWY PKG

| | | | Senior/ Student |
|-----------|-----------|------------|--------------------|
| | F | All Others | C,D,E,G & H |
| G/C | \$ 418.00 | \$ 418.00 | N/A |
| MID ORCH | \$ 186.50 | \$ 289.75 | N/A |
| REAR ORCH | \$ 186.50 | \$ 289.75 | \$ 186.50 |
| SIDE ORCH | \$ 149.00 | \$ 229.75 | \$ 149.00 |
| FDC | \$ 149.00 | \$ 229.75 | \$ 149.00 |
| Front SDC | \$ 65.00 | \$ 65.00 | N/A |
| Rear SDC | \$ 65.00 | \$ 65.00 | N/A |

Advertised As:

**Golden Circle
Premium Orchestra
Premium Orchestra
Value Circle
Value Circle
Super Saver**

SERIES: _____ # of Seats _____

COST PER SUB: _____

Please check best description below:

TOTAL CHARGE: _____

Please fill in location Ex: Orch Loge FDC or SDC

\$20 per sub

Best Available
Center section ACAP
Anywhere ACAP
Aisle necessary
Aisle if possible

| Section | Check Mark |
|---------|------------|
| | |
| | |
| | |
| | |
| | |

HANDLING FEE: _____

TOTAL AMOUNT DUE: _____

Select Acct. _____

Date of Order: _____

Operator: _____

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Night Phone: _____

Email address: _____

A representative will contact you by telephone, within one business day, to obtain payment information.
Please be sure to include the best daytime telephone number where you may be reached.
Two payment plan & full payment accepted at any time.