



915 White Horse Pike
Haddon Twp, NJ 08107
(856) 288-3500
www.RitzTheatreCo.org

Get Your Ritz Theatre Co. 2023-2024 Subscription Now!

Choose Your Package:
 "Premium" - \$170 - 9 Shows (Less than \$19 Per Show!);
 "Classic" - \$140 - 7 Shows (\$20 Per Show!);
 "FlexPass" - \$140 - 7 Vouchers to Exchange (\$20 Per Show!)

STEP ONE: TELL US ABOUT YOU

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email (Required): _____

Renewing Subscriber?: Yes No

**Please Alert Us if You
Need ADA Seating
or Have Other Special Needs.**

Assistive Listening Device Wheelchair
 Vision Difficulty
 Other: _____

STEP TWO: CHOOSE YOUR SHOW SERIES & LETTER BELOW: _____

** Presented in Black Box Format, General Admission Seating*

2023 - 2024 Mainstage & Black Box Productions										
SERIES & LETTER (Please Circle Letter Below)	Rock of Ages	Ma Rainey	Hollystalk	*Working	Fiddler	Murder on Nile	Heathers	*Gint	West Side Story	
Fridays 8:00 PM	A	8-Sep	13-Oct	1-Dec	12-Jan	16-Feb	5-Apr	10-May	7-Jun	12-Jul
	D	15-Sep	20-Oct	8-Dec	19-Jan	23-Feb	12-Apr	17-May	14-Jun	19-Jul
	G	22-Sep	27-Oct	15-Dec	26-Jan	1-Mar	19-Apr	24-May	21-Jun	26-Jul
Saturdays 8:00 PM	B	9-Sep	14-Oct	2-Dec	13-Jan	17-Feb	6-Apr	11-May	8-Jun	13-Jul
	E	16-Sep	21-Oct	9-Dec	20-Jan	24-Feb	13-Apr	18-May	15-Jun	20-Jul
	H	23-Sep	28-Oct	16-Dec	27-Jan	2-Mar	20-Apr	25-May	22-Jun	27-Jul
Sundays 2:00 PM	C	10-Sep	15-Oct	3-Dec	14-Jan	11-Feb	7-Apr	12-May	9-Jun	14-Jul
	F	17-Sep	22-Oct	10-Dec	21-Jan	18-Feb	14-Apr	19-May	16-Jun	21-Jul
	I	24-Sep	29-Oct	17-Dec	28-Jan	3-Mar	21-Apr	26-May	23-Jun	28-Jul
Wednesdays 7:30 PM	Q	13-Sep	18-Oct	6-Dec	Call for Date	21-Feb	10-Apr	15-May	Call for Date	17-Jul
	R	20-Sep	25-Oct	13-Dec	Call for Date	28-Feb	17-Apr	22-May	Call for Date	24-Jul

Please visit www.RitzTheatreCo.org for Our Updated COVID-19 Policy

STEP THREE: PROVIDE PAYMENT INFORMATION

Call Us About A Monthly Payment Plan!

Each Subscription Package Incurs \$5 Ticket Service Fee.

_____ Premium Subscription Package.....Price Per Person \$ 170.00 (x) Quantity: _____ (=) _____

_____ Classic Subscription Package.....Price Per Person \$ 140.00 (x) Quantity: _____ (=) _____

_____ FlexPass Subscription Package.....Price Per Person \$ 140.00 (x) Quantity: _____ (=) _____

***Add Ticket Service Fee Per Seat.....Price Per Person \$ 5.00 (x) Quantity: _____ (=) _____**

My Tax Deductible Donation \$ _____

GRAND TOTAL: _____

_____ **Enclosed** is my check made payable to **Ritz Theatre Co** (preferred)

OR Please Charge My: _____ **Visa** _____ **MasterCard** _____ **Discover** _____ **Amex**

Card Number: _____ **Exp Date:** _____ **Security Code:** _____ (3 or 4 digits on back)

Signature: _____



"Ritz Theatre Co is an All-Inclusive Theatre Company Embracing Diversity in Our Stories and Those Who Share Them"