



# 2011-2012 GROUP SUBSCRIPTION MEMBER CONTACT FORM

In order to facilitate ticket exchanges and to provide group members with their full subscription benefits **we need subscriber information from every group member.** Groups subscribing must either:

Fill out this group member contact form, providing contact information for ALL group members (photocopy as many as you need)  
AND turn in along with one subscription form  
- OR -

Have EVERY GROUP MEMBER fill out their own individual subscription form and submit them together for seating

**GROUP NAME:** \_\_\_\_\_

**SUBSCRIBER INFORMATION — GROUP LEADER:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.

**SUBSCRIBER INFORMATION:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

I give the group leader permission to exchange my tickets on my behalf

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.

**SUBSCRIBER INFORMATION:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

I give the group leader permission to exchange my tickets on my behalf

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.

**SUBSCRIBER INFORMATION:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

I give the group leader permission to exchange my tickets on my behalf

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.

**SUBSCRIBER INFORMATION:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

I give the group leader permission to exchange my tickets on my behalf

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.

**SUBSCRIBER INFORMATION:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

Daytime Phone Evening Phone

I give the group leader permission to exchange my tickets on my behalf

\_\_\_\_\_

Email — Help us serve you even better by including your Email address.  
Email required to email tickets; addresses are never shared.