



MEMBERSHIP

Name(s): _____
(as you would like it to appear in the database and printed materials)

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

_____ **\$25 First-Nighter (Students with ID in any age group)**

- One-Patron Membership
- Other benefits as listed under Chorus*

_____ **\$30 Understudy**

- One-Patron Membership
- Other benefits as listed under Chorus*

_____ **\$50 Chorus**

- Two-Patron Membership: an additional card can be issued for spouse/partner.
- Name listed in Season Program.
- Opening Night Reception with Cast.
- Membership Card featuring discounts at local restaurants and merchants.

_____ **\$100 Star**

All the benefits listed above, plus

- Recognition at the annual Cubie Awards celebration.
- One Adult and One Child VIP Pass to an IceHouse Youth Theatre performance.

_____ **\$250 Playwright**

All the benefits listed above, plus

- Two VIP Passes to a Mainstage performance.

_____ **\$500 Director**

All the benefits listed above, plus

- Two Adult and Two Child VIP Passes to an IceHouse Youth Theatre performance, *(One each added to previous ones.)*

_____ **\$1,000 Producer**

All the benefits listed above, plus

- 4 VIP passes to a Mainstage performance. *(Two added to previous two)*
- 2 VIP passes to a designated Season Fundraiser event.

Enclosed is my check for \$_____ made payable to **The IceHouse Theatre.**

Please charge \$_____ to my _____ Visa _____ MasterCard

Card # _____ Exp. Date _____

Name on Card: _____ Signature: _____

Mail to: Sonnentag Theatre at the IceHouse, 1100 N. Unser Street, Mount Dora, FL 32757

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www.IceHouseTheatre.com