

Subscriber Exchange Form

Please include this form when exchanging your tickets in person, by mail or fax. **Please include your tickets with this form.**

Please indicate how many tickets you are exchanging: _____

Name _____

Phone (day) _____ Phone (eve) _____ Email _____

Address _____

Name of Subscriber (if different) _____

I currently have subscription tickets for:

Show Name _____ Date _____ Time _____

Ticket Number (found on top left of your tickets) _____ Current Seats _____

I wish to exchange them for the following:

1st Choice: Date _____ Time _____

2nd Choice: Date _____ Time _____

3rd Choice: Date _____ Time _____

_____ My party may be seated separately if necessary to secure seats on the preferred dates listed above

_____ My party requires wheelchair/accessible seating

If you have requested a higher-priced performance, you must include payment information with this form in order for us to complete the transaction. Thank you.

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

CC# _____ Exp _____

Name on Card _____

Authorizing Signature _____

_____ Please mail my tickets (10 days advance notice required). Tickets will be mailed to the address on the subscription account.

_____ Please hold my tickets at the Box Office and call me to confirm the exchange.

Submitting this form is as easy as **1-2-3!**

1. Bring this form and your tickets to the Rubicon Box Office (through the Laurel Street door).

2. Or mail this form with your tickets to: Rubicon Theatre Company Box Office, 1006 E. Main St. Ventura, CA 93001

3. Or fax this form with a copy of your tickets cut in half length wise to 805.667.2903



RUBICON THEATRE COMPANY