

SUBSCRIBER EXCHANGE REQUEST FORM

TICKETS MUST BE ENCLOSED FOR EXCHANGE. — Please Print —

Name of Account Holder _____

Season Ticket Holder Account # _____

Daytime Phone _____

Show _____

Original Seats: Section _____ Row _____ Seats _____

Date Requests

Please List 3 Choices

First _____ MAT/EVE

Second _____ MAT/EVE

Third _____ MAT/EVE

Make checks payable to: **BROADWAY IN CHICAGO**
Mail payment to: 17 N. State St., Suite 810 • Chicago, IL 60602

Please charge my: Visa MasterCard American Express Discover

Credit Card# | | | | | | | | | | | | | | | | | | | | | |

Exp. Date _____ Security Code _____

Name _____

(Please print name as it appears on card)

Signature _____

(Cannot be processed without signature)

I authorize Broadway In Chicago to charge up to \$20 per ticket for upgrade purposes on my credit card. If the amount is greater than \$20 per ticket, then Broadway In Chicago needs to call me for authorization to charge my credit card.

For Office Use Only ACCT# _____

Date Received _____ By _____ Processed _____ By _____

Mailed _____ Will Call _____ New Locations _____