

BROADWAY SAGINAW

 A NEDERLANDER PRESENTATION

2023 - 2024 SEASON



DECEMBER 5, 2023



JANUARY 9, 2024



MARCH 17, 2024

SUBSCRIBE TODAY!

DOWEVENTCENTER.COM /BROADWAY | 989-759-1330

TELL US ABOUT YOU - I am a...

☐ RENEWING Subscriber- Renewal Deadline is Friday, August 25, 2023

☐ NEW Subscriber- For best seating, ORDER NOW!
Orders processed by date received.

SELECT YOUR SERIES AND PRICE LEVEL

LEVEL 1 LEVEL 2 LEVEL 3

3 - Show Series ☐ \$215.00 ☐ \$156.00 ☐ \$99.00

A MAGICAL CIRQUE CHRISTMAS . . . Tuesday, December 5, 2023 7:30pm

HAIRSPRAY Tuesday, January 9, 2024 7:30pm

JOHNNY CASH - THE OFFICIAL

CONCERT EXPERIENCE Sunday, March 17, 2024 7:00pm

SELECT YOUR SERIES AND PRICE LEVEL

LEVEL 1 LEVEL 2 LEVEL 3

2 - Show Series ☐ \$145.00 ☐ \$105.00 ☐ \$60.00

HAIRSPRAY Tuesday, January 9, 2024 7:30pm

JOHNNY CASH - THE OFFICIAL

CONCERT EXPERIENCE Sunday, March 17, 2024 7:00pm

RENEWAL OPTIONS - New Subscribers, Please Skip This Step

- ☐ **Option 1: Exact Renewal:** Please renew my current seats.
☐ **Option 2: Custom Renewal*** (Leave space blank if not applicable)

☐ Seat Upgrade: Better seats, same price level.

☐ Quantity Change: I would like to change my number of seats to: _____

☐ Price Level Change: Please change to: ☐ Level 1 ☐ Level 2 ☐ Level 3

☐ Check if you require accessible seating. # of seats _____

*Changing your seat quantity, price level, or series may affect your seating location.

CUSTOMER ACCOUNT NUMBER (OFFICE USE ONLY)

SUBSCRIBING IS EASY!

ONLINE:

DowEventCenter.com/broadway

CALL: 989-759-1330

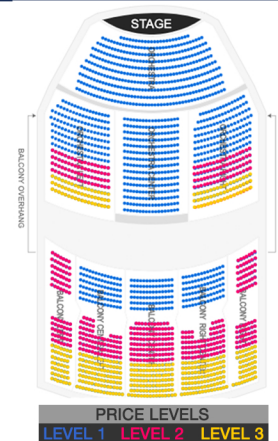
MAIL: The Dow Event Center
303 Johnson St.
Saginaw, MI 48607

FOLLOW US:

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TOTAL YOUR ORDER

☐ 3 - Show Series

X \$ = \$
of Seats Price Subtotal

☐ 2 - Show Series

X \$ = \$
of Seats Price Subtotal

Handling Charge + \$10.00

TOTAL =

Subscription package price includes all taxes, fees and service charges. Prices, shows, schedules and artists subject to change. Payments processed when orders are received. All sales are final, no refunds. Season tickets will be mailed prior to first performance.

PAYMENT INFORMATION

Please fill out the information below and a Box Office representative will contact you for payment.

NAME

ADDRESS

CITY

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

EMAIL ADDRESS

☐ Enclosed is my check payable to SMG Management LLC, II. check# _____

Please charge the full amount to my: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

CARD NUMBER

EXP. DATE

CW

NAME ON CARD

X _____

SIGNATURE