

## 2025 - 2026 FLEX PASS SUBSCRIPTIONS



## THAT HAS AUDIENCES RAVING! FIND US AT:

1707 OWEN DRIVE FAYETTEVILLE, NC 28304

## CREATE YOUR PERFECT SEASON & JOIN US AS A FLEX PASS SUBSCRIBER:

With a Flex Pass Subscription, you're in control! Enjoy exclusive perks like priority seating, a personalized online code for hassle-free reservations, and dedicated box office concierge service. **Flex Passes also save you up to 20% on CFRT's acclaimed mainstage productions!** Use your tickets however you like- spread them across all five shows in our 2025–26 season, double (or triple!) up on your favorites, or mix and match however it suits you. It's flexibility, savings, and top-tier theatre, all in one package. Don't miss your chance to experience this unforgettable season... your seat is waiting!

Get TWO concessions vouchers with each 5-ti	cket package!
5 Flex Ticket Package - \$150* x =	=
4 Flex Ticket Package - \$120* x	=
3 Flex Ticket Package - \$95* x=	:

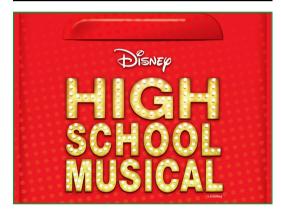
**SUPPORT CFRT AND BECOME A PATRON:** There's never been a better year to join CFRT as a Patron! Your donation of \$175+ gets you access to the Patron Party/Season Announcement and other exclusive benefits (more information can be found on the included page). Our Patron Donors play an essential role in our story, supporting everything from mainstage productions to our thriving education programs.

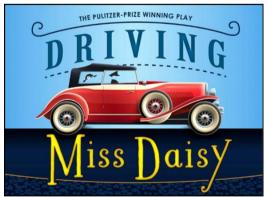
\$175	\$250	\$500	\$1,000	
\$2,500	\$5,0	00	Other	
○ I'd like to add a gift of \$	to support CFR	T's Endowment at t	the Cumberland Com	munity Foundation.
◯ I have made a plan for CFRT	to receive a gift from m	y estate.		
🔾 l would like more informati	on on making a planned	gift to CFRT.		

<sup>\*</sup> Early Bird Rate. Prices will increase after July 18, 2025. All ticket prices above include tax.











To order your subscription, please fill and return this form to:

Cape Fear Regional Theatre Attn: Season Tickets PO Box 789 Fayetteville NC 28302

OR

Order Online at CFRT.org

OR

Call 910.323.4233

## YOUR CONTACT INFORMATION

	FIRST & LAST NAME
	GIFT LISTING as it should appear on public listings
	O Please keep my name listed as Anonymous
	MAILING ADDRESS
	MAILING ADDRESS
	CITY, STATE, ZIP
	E-MAIL PHONE
	PAYMENT SUMMARY
	A 10% military discount can be applied to the ticket package.
	SUBSCRIPTION VALUE:
	DISCOUNT:
	DONATION VALUE:
	TOTAL PURCHASE:
	PAYMENT OPTIONS
0	Please find a check enclosed Check #
0	Please Charge My Credit Card
	FULL NAME as it appears on card
	16-DIGIT CARD #