



**EXPERIENCE THE VENUE
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 premier seating, a personalized online code for hassle-free reservations, and our box office concierge service. **With an Early Bird Flex Pass, you will save up to 30% 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!*

3 Flex Ticket Package - \$95* x _____ = _____

4 Flex Ticket Package - \$120* x _____ = _____

5 Flex Ticket Package - \$150* x _____ = _____

Get TWO concessions vouchers with each 5-ticket package!

** Early Bird Rate. Prices will increase after July 18, 2025. All ticket prices above include tax.*

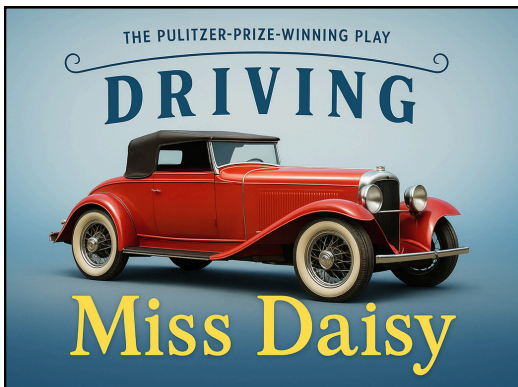
SUPPORT CFRT AND BECOME A PATRON: There's never been a better year to join CFRT as a Patron! Your donation of \$175+ gets you access to the Patron Party/Season Announcement and other exclusive benefits (more information can be found on the included page). Our Patron Donors play an essential role in our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

\$175 _____ \$250 _____ \$500 _____ \$1,000 _____

\$2,500 _____ \$5,000 _____ Other _____

- ☐ I'd like to add a gift of \$_____ to support CFRT's Endowment at the Cumberland Community Foundation.
- ☐ Please contact me with more information about CFRT's Capital Campaign ACT 2: Elevate & Expand!

*To learn about our Patron levels and benefits or how you can make recurring donations or place your current donation on a payment plan, please contact **Rosalind Arango** at **development@cfrt.org**. All Patron donations are tax deductible to full extent of the law.*



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

☐ Please keep my name listed as Anonymous

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

- ☐ Please find a check enclosed Check # _____
- ☐ Please Charge My Credit Card

FULL NAME as it appears on card

16-DIGIT CARD #

EXPIRATION MM/YYYY

CVV

ZIP