



2017/2018 SEASON RENEWAL FORM

Name:
Address:
City, State, Zip:
Email:
Phone:

Select One Classical Subscription (4 concerts) Full Subscription (5 concerts)

SEATING SECTION	Classical (4 Concerts)	FULL (5 Concerts)	SINGLE TICKETS
A Floor Rows B-N	\$110	\$138	\$33
B Floor Rows O-X	\$89	\$112	\$27
C Loge Rows AA-EE	\$161	\$201	\$48
O Opera Box	\$195	\$244	\$58
D Balcony Rows A-C	\$116	\$146	\$35
E Balcony Rows D-H	\$89	\$112	\$27
F Balcony Rows I-M	\$48	\$61	\$15

*Subscription series only: children (18 and under) are half price for every one adult subscription.
 **Use the back of the form to request seating changes or additions.*

CONTRIBUTIONS

Pledge to be paid no later than December 31, 2017: \$ _____

Donation Enclosed: \$ _____

Name, printed as it should appear in the program:

I wish to be listed as anonymous

CLASSICAL BITES AT CAFFE BARISTA (optional)

\$135 per person 5 receptions \$ _____

\$108 per person 4 receptions \$ _____

\$30 per person 1 reception (date ____/____) \$ _____

PAYMENT INFORMATION

Total: \$ _____ + \$4 handling fee on all orders = Grand Total \$ _____

Select one Check VISA MC DISCOVER

Credit Card or Check #

Expiration Date ____/____	CV Code (Three digits on back of credit card) ____
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OFFICE USE: Date Received _____ QB LGL EX Mailed