

PRICING

SAVE UP TO
\$230 OFF
SINGLE TICKET
PRICES!

	<u>BOX</u>	<u>LEVEL A</u>	<u>LEVEL B</u>	<u>LEVEL C</u>	<u>LEVEL D</u>
MASTERWORKS	\$896.64	\$629.20	\$552.16	\$393.76	\$196.88
POPS	\$448.32	\$314.60	\$276.08	\$196.88	\$98.44
PICK 6		\$471.90	\$414.12	\$295.32	\$147.66

CURRENT SUBSCRIBERS RENEW BY JUNE 1, 2021!

SEATING NOTES:

- Renew your seats before they become available for public purchase.
- You will have the opportunity on your order form to request a seat change. We will try our best to provide you with your top seating choice!
- Seats will be renewed based on your pre-COVID locations.

**Please note: Pick 6 subscribers may not receive the same seat for every concert.*

HOW TO ORDER:

SCAN & EMAIL: INFO@CHARLESTONSYMPHONY.ORG

MAIL: P.O. BOX 30818
CHARLESTON, SC 29417

ONLINE: Visit www.charlestonsymphony.org/subscribe and renew your subscription with the click of a button!

*The prices listed above include a reduced 7% Gaillard ticketing fee.

Construction of the Gaillard Center was made possible through the combined efforts of the City of Charleston and the Gaillard Performance Hall Foundation (GPHF). The Foundation has recognized donors with a seat-naming program. Donors who give at a level to warrant seat naming have the first right of refusal to purchase season subscriptions to the CSO, a right they will be offered for two weeks before CSO subscribers will be seated. Named-seat donors must renew their series subscriptions each year, or their seats become available for sale to others. If you would like information about becoming a named-seat donor, thus guaranteeing your seating location in perpetuity, please contact the GPHF at 843-718-1578.

1 CHOOSE YOUR SUBSCRIPTION(S)

MASTERWORKS: **FRIDAY SERIES** **SATURDAY SERIES**
 RENEW SEAT(S): ROW _____ SEAT(S): _____
 RENEW & REQUEST SEAT CHANGE: _____

POPS: **WEDNESDAY HOLIDAY POPS** **THURSDAY HOLIDAY POPS**
 RENEW SEAT(S): ROW _____ SEAT(S): _____
 RENEW & REQUEST SEAT CHANGE: _____

PICK 6: **LEVEL A: \$471^{.90}** **LEVEL B: \$414^{.12}** **LEVEL C: \$295^{.32}** **LEVEL D: \$147^{.66}**
 RENEW SUBSCRIPTION: SECTION PREFERENCE _____

CHOOSE YOUR CONCERTS (check your 6 dates below):

MW1:	<input type="radio"/> 09/24	<input type="radio"/> 09/25	POPS1:	<input type="radio"/> 10/02	
MW2:	<input type="radio"/> 10/15	<input type="radio"/> 10/16	HOLIDAY POPS:	<input type="radio"/> 12/22	<input type="radio"/> 12/23
MW3:	<input type="radio"/> 10/29	<input type="radio"/> 10/30	POPS3:	<input type="radio"/> 01/20	
MW4:	<input type="radio"/> 11/19	<input type="radio"/> 11/20	POPS4:	<input type="radio"/> 03/31	
MW5:	<input type="radio"/> 01/07	<input type="radio"/> 01/08			
MW6:	<input type="radio"/> 02/04	<input type="radio"/> 02/05			
MW7:	<input type="radio"/> 03/04	<input type="radio"/> 03/05			
MW8:	<input type="radio"/> 04/28	<input type="radio"/> 04/29			

I REQUIRE A WHEELCHAIR SPACE I AM A GAILLARD FDN. NAMED SEAT DONOR

2 TOTAL YOUR ORDER

MASTERWORKS PRICE \$ _____ X QUANTITY SEATS _____ = \$ _____
POPS PRICE \$ _____ X QUANTITY SEATS _____ = \$ _____
PICK 6 PRICE \$ _____ X QUANTITY SEATS _____ = \$ _____

ADD YOUR TAX DEDUCTIBLE DONATION TODAY = \$ _____

GRAND TOTAL = \$ _____

3 PAYMENT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ MOBILE/HOME PHONE: _____

VISA MASTERCARD AMEX DISCOVER CHECK # _____

NAME: _____ CARD NUMBER: _____

EXP. DATE: _____ CCV: _____ SIGNATURE: _____