

SUBSCRIBE TODAY!

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

1 SELECT YOUR PACKAGE

MASTERWORKS: 8 concerts

FRIDAY SERIES SATURDAY SERIES

Section Preference* _____

POPS: 4 concerts

Section Preference* _____

PICK 6 SERIES

Section Preference* _____

CHOOSE YOUR CONCERTS for the PICK 6 Package (check your 6 dates below):

MW 1: 09/22 9/23
MW 2: 10/27 10/28
MW 3: 11/17 11/18
MW 4: 01/12 01/13
MW 5: 01/26 01/27
MW 6: 03/01 03/02
MW 7: 03/22 03/23
MW 8: 04/19 04/20

POPS 1: 10/12
HOLIDAY POPS: 12/21
POPS 3: 01/19
POPS 4: 04/06

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

Pick 6 tickets are final sale and cannot be exchanged.

2 TOTAL YOUR ORDER

MASTERWORKS PRICE \$ _____ X # OF SEATS = \$ _____

POPS PRICE \$ _____ X # OF SEATS = \$ _____

PICK 6 PRICE \$ _____ X # OF SEATS = \$ _____

ADD YOUR TAX DEDUCTIBLE DONATION TODAY = \$ _____

GRAND TOTAL = \$ _____

3 SELECT PAYMENT

VISA MASTERCARD AMEX DISCOVER CHECK # _____

NAME: _____ CARD NUMBER: _____

EXP. DATE: _____ CCV: _____ SIGNATURE: _____

4 PLACE ORDER

I require a wheelchair space

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 Charleston, SC 29417

ONLINE: www.charlestonsymphony.org/subscribe