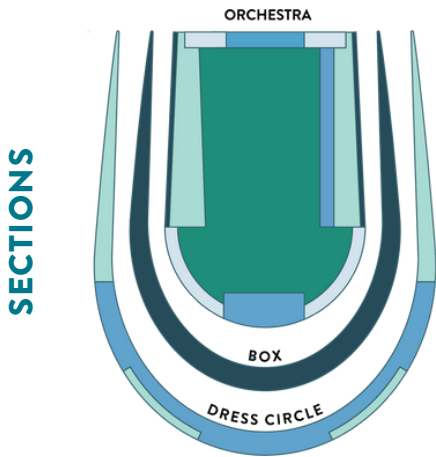


# PICK 3 SUBSCRIPTION ORDER FORM

1 NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



| BOX | LEVEL A  | LEVEL B  | LEVEL C  | LEVEL D |
|-----|----------|----------|----------|---------|
| N/A | \$264.66 | \$224.19 | \$155.70 | \$77.85 |



For a detailed seat map, scan the QR code ←

Section Preference\* \_\_\_\_\_

## CHOOSE YOUR CONCERTS for the PICK 3 Package (check your 3 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     12/22     12/23  
 POPS 3:  01/19  
 POPS 4:  04/06

\*Please note: Pick 3 subscribers may not receive the same seat for every concert.

Pick 3 tickets are final sale and cannot be exchanged.

## 2 TOTAL YOUR ORDER

PICK 3 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

SCAN & EMAIL: [info@charlestonsymphony.org](mailto:info@charlestonsymphony.org)  
 MAIL: PO Box 30818  
 Charleston, SC 29417  
 ONLINE: [www.charlestonsymphony.org/subscribe](http://www.charlestonsymphony.org/subscribe)

**GAILLARD TICKET OFFICE**  
 (843) 242-3099  
[ticketing@gaillardcenter.org](mailto:ticketing@gaillardcenter.org)  
 11am - 6pm Monday - Friday