

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 (See Concerts Below) Section Preference* _____

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

MW 1: 09/19 09/20
MW 2: 10/10 10/11
MW 3: 11/21 11/22
MW 4: 01/09 01/10
MW 5: 02/06 02/07
MW 6: 03/13 03/14
MW 7: 04/10 04/11
MW 8: 04/24 04/25

POPS 1: 11/13
HOLIDAY POPS: 12/18
POPS 3: 01/23
POPS 4: 03/21

**Please note: Pick 6 subscribers may not receive the same seat for every concert. Pick 6 tickets are final sale and cannot be exchanged.*

I require a wheelchair space

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

SCAN & EMAIL: info@charlestonsymphony.org

MAIL: 480 East Bay St, Ste F Charleston, SC 29403

ONLINE: www.charlestonsymphony.org/subscribe

**Package prices include
Gaillard Center ticketing fees*