

2017-18 Charlottesville Symphony Mini-Season Subscription Form

A subscription for the three remaining 2017-18 Masterworks Concerts. Tickets will be mailed to the address you provide below.

1. SUBSCRIPTION

All subscriptions include a 10% discount off single ticket prices. Tickets will be mailed within a week of your order date.

I wish to subscribe on:

- Saturdays at 8pm, Old Cabell Hall (2/17; 3/24; 4/28)
- Sundays at 3:30pm, Martin Luther King, Jr. PAC (2/18[†]; 3/25; 4/29)

I need wheelchair accessible seating (Section C at both venues).

	# of seats		Total
Section A Aisle* (Sundays only)	_____	at \$121.50 each =	_____
Section A* (Sundays only)	_____	at \$103.00 each =	_____
Section B Aisle	_____	at \$97.00 each =	_____
Section B	_____	at \$89.00 each =	_____
Section C	_____	at \$76.00 each =	_____
Section D	_____	at \$54.00 each =	_____
Student/Partial View	_____	at \$30.00 each =	_____

[†] The Sunday, February 18 concert will be held at Monticello High School.

* Section A and A Aisle seats on Saturday evenings at Old Cabell Hall are sold out. Please select another section. All seating sections are available on Sundays at the Martin Luther King, Jr. PAC.

2. PARKING PERMIT

I wish to purchase a Season Parking Permit for the C1 Lot at Old Cabell Hall or the Permit Lot at the MLK PAC for **\$36.00**.

NOTE: If you have a DMV handicap hangtag for your car you DO NOT NEED a Parking Permit to park in the permit lots during Symphony concerts.

3. ANNUAL FUND GIFT

Your Annual Fund gift supports the orchestra's vital artistic and educational programming.

I would like to make an Annual Fund gift of: \$ _____.

I can't give now, but I would like to make a gift of \$ _____ in the month of: _____.

My company will match my gift (please enclose appropriate forms).

We'll send you a pledge reminder in this month.

Please list my name in concert programs as: _____.

PAYMENT / CONTACT INFORMATION

Name	Phone	Email	
_____	_____	_____	
Street	City	State	Zip
_____	_____	_____	_____
<input type="checkbox"/> Charge my VISA / MASTERCARD / AMEX.	<input type="checkbox"/> Check payable to Charlottesville Symphony enclosed.		
Card Number	Exp. Date	Billing Zip Code	
_____	_____	_____	
Name (as appears on card)	Signature		
_____	_____		

GIFT OPTIONS

I am purchasing this Mini-Season Subscription as a gift.*

* The Charlottesville Symphony can send gift recipients a package including a formal acknowledgement of your gift, as well as information about the upcoming concerts. Please contact the Symphony Office at (434) 924-3139 or bs5zy@virginia.edu to make arrangements.

TOTAL DUE

1. Subscription Total	\$ _____	+
2. Parking Permit	\$ _____	+
3. Annual Fund Gift	\$ _____	+
Required Processing Fee	\$ 4.00	+
GRAND TOTAL	= \$ _____	

Please return with payment to:

Charlottesville Symphony
P.O. Box 4206
Charlottesville, VA 22905

or email to:

bs5zy@virginia.edu