2018-19 Charlottesville Symphony Subscription Form

1. SUBSCRIPTION Subscriptions include a 10% discount off single ticket prices. Seating priority is determined by subscription and donation history and date of paid order.			2. HOLIDAY TICKETS Subscribers are entitled to purchase Holiday Concert tickets before tickets go on sale to the general public on September 4. Both concerts are held in Old Cabell Hall.	
□ Saturdays at 8pm, Old Cabell Hall (11/17; 2/16; 3/23; 4/27) □ Sundays at 3:30pm, Martin Luther King, Jr. PAC* (11/18; 2/17*; 3/24; 4/28) □ I need wheelchair accessible seating (Section C at both venues).				
	# of seats	Total	☐ I need wheelchair	accessible seating (Section C).
Section A Aisle ^{⋄⋄} Section A ^{⋄⋄}			# of seats	Total
Section B Aisle	at \$140.00 each			at \$47.00 each =
Section B	at \$126.00 each at \$119.00 each			at \$42.00 each =
Section C	at \$119.00 each			at \$40.00 each =
Section D	at \$72.00 each	· · · · · · · · · · · · · · · · · · ·		at \$37.00 each =
Student/Partial V	_		· · · · · · · · · · · · · · · · · · ·	at \$32.00 each =
-		·		at \$21.00 each =
* <u>The Sunday, February 17 concert will be held at Monticello High School.</u> *** Quantities of A Aisle, A and B Aisle seats are extremely limited; <u>please indicate a 2nd choice option</u> . Only seats directly on an aisle are considered A or B Aisle seats; adjacent seats are section A or B.				at \$11.00 each =
	PERMIT se a Season Parking Permit for the a DMV handicap hangtag for yo		<u>- </u>	
4. ANNUAL F	FUND GIFT			
□ In support of the Symphony's performance and outreach programs, I would like to make a gift of: \$				
□ I can't give now, but I would like to make a gift of \$in the month of:				
We'll conduct a pladge reminder in this month				
☐ My company will match my gift (please enclose appropriate forms).				
Please list my nar	me in concert programs as:			·
PAYMENT /	CONTACT INFORMATIO	N		
Name Phone		Email		
Street		City	State	Zip
☐ Charge mv VISA	/ MASTERCARD / AMEX.	□ Check pavał	ole to Charlottesville Sy	mphony enclosed.
		-		
Card Number		Exp. l	Date CVC Code	Billing Zip Code
Name (as appears	on card)	Signa	ture	
		<u> </u>		
TOTAL DUE 1. Subscription Total 2. Holiday Total 4 Please return with Charlottesville S		Please return with payment to:		
		e Symphony		
	· · · · · · · · · · · · · · · · · · ·		P.O. Box 4206	
	3. Parking Permit \$	+	Charlottesvill	e, VA 22905
	4. Annual Fund Gift \$	+		
	Required Processing Fee \$+		or email to bs5zy@virginia.edu	
		Qı	uestions? Contact Admir	nistrative Assistant Brian

Simalchik at (434) 924-3139 or bs5zy@virginia.edu.

GRAND TOTAL = \$____