

ASO 2011-2012 SEASON SUBSCRIPTION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please Circle and Provide Details for Your Preferences:

5 Saturdays Only OR 2 Saturdays & 3 Sundays OR 3 Sundays Only

- Please KEEP my SAME SEATS for 2011-2012: yes no
- I would like to CHANGE my Seats to this Location: _____

5 Saturday Evening Concerts OR Sat. Evenings (11/5 and 5/19) PLUS Three Sunday Matinees:

SEATING	BOX SEATS FEW AVAILABLE	SECTION A Orchestra Center, Left, Right	SECTION B Terrace Front Balcony Front	SECTION C Terrace Back	SECTION D Balcony Back Front Orchestra	TOTAL
Adult	\$360 x _____	\$270 x _____	\$230 x _____	\$170 x _____	\$130 x _____	_____
Senior	\$360 x _____	\$270 x _____	\$200 x _____	\$150 x _____	\$120 x _____	_____
Student	\$360 x _____	\$135 x _____	\$110 x _____	\$ 75 x _____	\$ 65 x _____	_____
Youth (8-18)	\$25 x _____	\$25 x _____	\$ 25 x _____	\$ 25 x _____	\$ 25 x _____	_____

Three Sunday Matinees (October 2011; February & April 2012):

SEATING	BOX SEATS FEW AVAILABLE	SECTION A Orchestra Center, Left, Right	SECTION B Terrace Front Balcony Front	SECTION C Terrace Back	SECTION D Balcony Back Front Orchestra	TOTAL
Adult	\$215 x _____	\$165 x _____	\$140 x _____	\$105 x _____	\$ 75 x _____	_____
Senior	\$215 x _____	\$165 x _____	\$120 x _____	\$100 x _____	\$ 70 x _____	_____
Student	\$215 x _____	\$ 65 x _____	\$ 50 x _____	\$ 40 x _____	\$ 30 x _____	_____
Youth (8-18)	\$15 x _____	\$15 x _____	\$ 15 x _____	\$ 15 x _____	\$ 15 x _____	_____

A. Subscription Price Total (number of Subscriptions x Price) \$ _____

B. Contribution (**ticket sales cover only 40% of our concert costs**) \$ _____

C. Handling \$ 10.00

D. COMBINED TOTAL \$ _____

PAYMENT-CIRCLE ONE: Check AmEx Visa Mastercard Discover
Card No. _____ Exp. Date _____

Signature _____

While we cannot offer refunds, ticket credits are available. Programs, artists and dates are subject to change without notice.

mail/fax your completed form to:

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