

MARIN SYMPHONY

08 | 09 56TH SUBSCRIPTION SEASON

ORDER FORM

6 Concerts	5 Concerts	3 Concerts <small>(New Subscribers ONLY)</small>
Section I No. ____ @ \$365	No. ____ @ \$320	No. ____ @ \$185 = \$ _____
Section II No. ____ @ \$280	No. ____ @ \$245	No. ____ @ \$140 = \$ _____
Section III No. ____ @ \$150	No. ____ @ \$130	No. ____ @ \$ 75 = \$ _____

For new seating assignments

I prefer Orchestra I prefer Dress Circle

Wheelchair seating available. Please inquire.

Opening Night Extravaganza

Pre-concert black-tie Gala and post-concert champagne reception

No. ____ @ \$150 = \$ _____

Holiday Concerts at the Church of Saint Raphael

Saturday, Dec. 6, 7:30pm

Sunday, Dec. 7, 4pm

No. ____ @ \$ 25 = \$ _____

Exclusive Subscriber Event (5- and 6-concert subscribers ONLY)

Freeway Philharmonic screening

No. ____ @ FREE = \$ **N/C**

Contribute to the Orchestra's Future

Tax-deductible gifts of \$100 or more will be listed in program book.

Donation = \$ _____

List me as _____

OFFICE USE ONLY
IDUM _____
Section _____
Row _____
Seat _____

Handling fee (per order) = \$ **\$7.00**

TOTAL = \$ _____

I am paying for 5 concerts only.
I will not attend the _____ (date) performance.

I am a new subscriber and am paying for 3 concerts only. I have CIRCLED my desired dates below.

SUNDAYS Oct. 5, Nov. 2, Jan. 18, Mar. 1, Apr. 5, May 3

TUESDAYS Oct. 7, Nov 4, Jan. 20, Mar. 3, Apr. 7, May 5

Check payable to **Marin Symphony** enclosed.

Mastercard Visa American Express

Card No. _____

Exp. date ____ / ____ (MM/YY) CVV _____
(3-digit MC & VISA or 4-digit AMEX)

Signature _____

Renew My Current Seats Desire Change New Subscriber

Please call me

Name _____

Address _____

City _____ Zip _____

Email _____

Please email my newsletter

Day phone (____) _____ Evening (____) _____

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