

2011-2012 BOCA RATON SYMPHONIA CONNOISSEUR CONCERT SERIES

5-CONCERT SUBSCRIPTION ORDER FORM

Please complete this order form and submit it along with your payment to:

The Boca Raton Symphonia, 2285 Potomac Road, FL 33431

Tel: 561.376.3848 • Fax: 561.994.4909 • Email: thebocasymphonia@bellsouth.net • www.bocasymphonia.org

FIVE CONCERT SERIES: (represents a 20% savings over single ticket prices - pay for four concerts and get one free!)

I am a current subscriber. I wish to keep my same seats (Order must be received by **May 1, 2011** to guarantee seating!)

SUBSCRIPTION TICKETS:

Section A # of subscriptions ____ @ \$250 per subscription Total \$ _____

Section B # of subscriptions ____ @ \$200 per subscription Total \$ _____

Section C # of subscriptions ____ @ \$150 per subscription Total \$ _____

Handling Charge per order \$5.00

Office Use Only

Please note: Tickets are non-refundable /Seats for new subscribers are assigned annually based on level of giving.
Programs, Dates and Artists are Subject to Change.



SYMPHONIA SOCIETY CIRCLE OF EXCELLENCE:

Subscriptions account for approximately one-third of the cost of running your orchestra. Donations are Tax-Deductible to the full extent of the law.

* Please see our website (www.bocasymphonia.org) for listing of donor benefits or call 561-376-3848*

Principal Conductor's Circle - \$50,000+ \$ _____

Symphonia Society - \$1,000 to \$49,999 \$ _____

Encore Contributors - \$50 to \$999 \$ _____

Office Use Only

As a \$50+ Donor please indicate how you would like your name to be acknowledged in the program.

PLEASE PRINT: _____

TOTAL PAYMENT (inc. \$5.00 handling) \$ _____

Date of Order: _____

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PAYMENT INFORMATION: PLEASE PRINT

Ms. ____ Mrs. ____ Mr. ____ Dr. ____

Name: First, Last: _____

Florida Address: _____

City: _____ Zip: _____

Email: _____ Phone/Cell: _____

CREDIT CARD: AMEX MC Visa # _____

Exp. Date: ____/____/____ 3 or 4 digit security code: _____

Cardholder Signature: _____

Or enclosed is my check payable to: **THE BOCA RATON SYMPHONIA**, Check # _____

YES, I WOULD BE INTERESTED IN A SATURDAY NIGHT CONCERT



Tickets will be mailed out to your Florida address in early November.
Please indicate if you wish them to be held at 'will call' or mailed out at a later date.

Please hold my tickets, I will pick them up at Will Call on December 4, 2011.

Please hold my tickets and mail them to my Florida address after: (Date) _____



**** SINGLE TICKETS WILL BE AVAILABLE FOR PURCHASE STARTING NOVEMBER 1, 2011 ****