

ORDER YOUR TICKETS NOW FOR GUARANTEED SEATING!

SUBSCRIPTIONS

- I would like to keep the same seats and series as last season.
- I'm a new subscriber.
- I would like a change to my current subscription, please explain.

My seating preference is (see seating chart for reference):

- | | # of Subscriptions | | |
|--|--------------------|---|----------|
| <input type="checkbox"/> Section 1: \$258 per subscription | x _____ | = | \$ _____ |
| <input type="checkbox"/> Section 2: \$210 per subscription | x _____ | = | \$ _____ |

The nights I would like to attend are:

- Series 1 at 7:30 p.m. (Mon. 9/10, Mon. 10/29, Sun. 3/3, Wed. 4/10, Tue. May 21)
- Series 2 at 7:30 p.m. (Tue. 9/11, Tue. 10/30, Mon. 3/4, Wed. 4/10, Wed. May 22)

As a season subscriber, you have the option to swap nights during the season if a conflict arises by calling the WSO office.

HOLIDAY POPS (Williamsburg Presbyterian Church)

- | | # of Tickets | | |
|--|--------------|---|----------|
| <input type="checkbox"/> Sat., Dec. 1 at 1:30 p.m. | \$28 x _____ | = | \$ _____ |
| <input type="checkbox"/> Sat., Dec. 1 at 3:00 p.m. | \$28 x _____ | = | \$ _____ |
| <input type="checkbox"/> Sun., Dec. 2 at 2:30 p.m. | \$28 x _____ | = | \$ _____ |
| <input type="checkbox"/> Sun., Dec. 2 at 4:00 p.m. | \$28 x _____ | = | \$ _____ |

Tax Deductible Donation (We need you!) \$ _____

Total Due \$ _____

Checks are preferred!

Please make checks payable to **The Williamsburg Symphony Orchestra**.

Credit card payments can be made per form or by calling the office.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Credit Card No: _____ Exp Date: _____ Code: _____

Signature: _____

MAIL TO

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