



2019/20 Center Series Subscription Form

NAME(s): _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

Returning Patron: SAME AS LAST SEASON [] Row(s): _____ Seat #: _____

Change my seat if possible to _____

If not available by May 1th last season's seats will be reassigned

New Season Subscriber: _____ I'd like to sit Row(s): _____ Seat #: _____

Packages/Bonuses/Extra Shows:

Adult Series Tickets @ \$180 each: _____ ADULT TOTAL: _____
(Regular Price \$214)

Student Series Tickets @ \$80 each: _____ STUDENT TOTAL: _____

Shaun Johnson Big Band Experience ~ Saturday, Nov 16

Special Price: Adults \$20 each _____ ADULT TOTAL: _____

(Regular Price \$30)

Students \$15 each _____ STUDENT TOTAL: _____

TOTAL CHARGE: \$ _____

PAYMENT METHOD:

One Full Payment: _____ Check CC Cash Date Paid: _____

Send me a bill: _____ (must be paid by August 1)

Monthly Payment Plan: _____ At least 1/6 of the total due: \$ _____ *

**The balance will be invoiced in 5 equal monthly payments. Invoices will be sent via email through Square on the first of the month & due on the 10th. A \$3 monthly processing fee will be added to each invoice.*

SIGNATURE: _____ DATE: _____

CC# _____ - _____ - _____ - _____ exp. ____/____ CVV _____ Zip code _____