

SUBSCRIPTION ORDER FORM

I am a NEW Subscriber I am a Current 9/10 Subscriber

MASTERS SERIES

I am subscribing to: (check one) Full series 4 concerts 3 concerts

I am purchasing _____ subscriptions x \$ _____ = \$ _____
(quantity) (Adult/Senior/Student) (Subscription price)

_____ subscriptions x \$ _____ = \$ _____
(quantity) (Adult/Senior/Student) (Subscription price)

If subscribing to 4- or 3-concert packages please circle your concert choices: 1 2 3 4 5

SSO POPS SERIES

I am purchasing _____ SSO POPS Series subscriptions x \$ _____ = \$ _____
(quantity) (Subscription price)

I want best available seating in: (circle one)

Grand Circle Main Floor Second Balcony Third Balcony

CHAMBER CONCERT SERIES

I am subscribing to: (check one) Full series 3 concerts

I am purchasing _____ subscriptions x \$ _____ = \$ _____
(quantity) (Gold/Red/Blue Zone) (Subscription price)

(Refer to the Third Avenue United Church seating plan for Gold / Red / Blue general seating zones.)

MUSIC FOR A SUNDAY AFTERNOON SERIES

I am subscribing to: (check one) Full series 5 concerts 4 concerts 3 concerts

I am purchasing _____ subscriptions x \$ _____ = \$ _____
(qty) (Adult/Senior/Student) (Subscription price)

_____ subscriptions x \$ _____ = \$ _____
(qty) (Adult/Senior/Student) (Subscription price)

If subscribing to 5-, 4-, or 3-concert packages please circle your concert choices: 1 2 3 4 5 6

All general seating at Music for a Sunday Afternoon concerts.

HELP SUSTAIN THE MUSIC AND HAVE YOUR DONATION MATCHED

Ticket sales cover only 35% of our budget, which is the case with most Canadian orchestras.

Please consider a tax-deductible donation to our Matching Fund Campaign.

The Frank and Ellen Remail Foundation will graciously match donations made by June 30, 2010.

Yes, I would like to donate to the Saskatoon Symphony's Matching Fund Campaign \$ _____

TOTAL REMITTANCE FOR SUBSCRIPTION AND DONATION = \$ _____

Whose name was last year's subscription under? _____

Name: Mr. Mrs. Miss Ms. Dr. _____

Address _____

City/Town _____ Postal Code _____ Phone _____

Method of Payment: Cash Debit Cheque (make cheque payable to TCU Place) Credit Card

Please mail my tickets I will pick up my tickets at TCU Box Office

VISA / MC / AMEX _____ Expiry date ____ / ____

Signature _____ Email _____

Yes, I would like the SSO to email me information about other concerts, subscription information & special offers. (The SSO will not share your email address or other personal information without your authorization.)

No, I don't want to be contacted by email, I prefer regular mail.

Phone your order in to 975-7799 OR
Mail or drop off the completed form to:
TCU Place Box Office
35 - 22nd Street E
Saskatoon SK S7K 0C8