

# 2016-2017 Subscriber Form



Subscribe Early for Best Seating

Please be sure to complete all 7 steps to subscribe.

P.O. Box 790, San Jose, CA 95106-0790

325 South First St. Suite 160, San Jose, CA 95113

www.symphonysiliconvalley.org

**1**  PLEASE COMPLETE YOUR CONTACT INFORMATION BELOW:

Your e-dress is a valuable tool to help us bring you the most current concert information.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Day Phone: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

**2** SELECT THE SERIES OF YOUR CHOICE:

Select from options A. through F.

# of Concerts

7

- A. 7 Saturday Evenings @ 8:00
- B. 7 Sunday Matinees @ 2:30

4

- C. 4 Sat @ 8:00 (programs 1, 3, 5 & 6)
- D. 4 Sun @ 2:30 (programs 1, 3, 5 & 6)

4

- E. 4 Sat\* @ 8:00 (programs 2, 4, 5\* & 7)
- F. 4 Sun\* @ 2:30 (programs 2, 4, 5\* & 7)

Seating Location	Regular	Student/Senior
Grand Tier or Dress Circle	\$602.00	\$560.00
Mezzanine or Orchestra	\$448.00	\$406.00
Side Mezzanine or Side Orchestra	\$287.00	\$287.00
Grand Tier or Dress Circle	\$344.00	\$320.00
Mezzanine or Orchestra	\$256.00	\$232.00
Side Mezzanine or Side Orchestra	\$164.00	\$164.00

(prices include Theatre Preservation Fee)

\* Series E attends Program #5 on Friday night  
\* Series F attends Program #5 on Sunday but in different seats

**3** THIS IS MY SEATING PREFERENCE:

Location \_\_\_\_\_ # Subscriptions \_\_\_\_\_ x Price \$ \_\_\_\_\_ =

Special seating request: \_\_\_\_\_

**4** I WISH TO MAKE A TAX-DEDUCTIBLE DONATION:

Symphony Silicon Valley depends on our listeners' support. Please consider a generous gift.  
**THANK YOU.**

**5** POSTAGE/HANDLING CHARGE:

**6** ENTER GRAND TOTAL AT RIGHT:

**7** PAYMENT OPTIONS: (Please make a copy of this renewal form for your files.)

**MAIL** your check or credit card charge to: P. O. Box 790, San Jose, CA 95106

**FAX** this complete form to: (408) 286-2600 or

**RENEW BY PHONE:** (408) 286-2600 x 23, M-F, 10-5

- Visa  MasterCard  Discover  American Express  Check

Name on Card \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

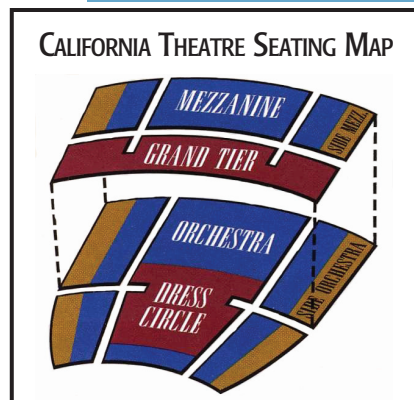
Signature \_\_\_\_\_

Subscription Ticket Total: \$ \_\_\_\_\_

Suggested Donation: \$ \_\_\_\_\_

Postage & Handling: \$ 12.00

TOTAL: \$ \_\_\_\_\_



**QUESTIONS?** Call: (408)286-2600 x23

Thank You For Subscribing