

WEST HARTFORD SYMPHONY ORCHESTRA

2016-2017 Season Subscription

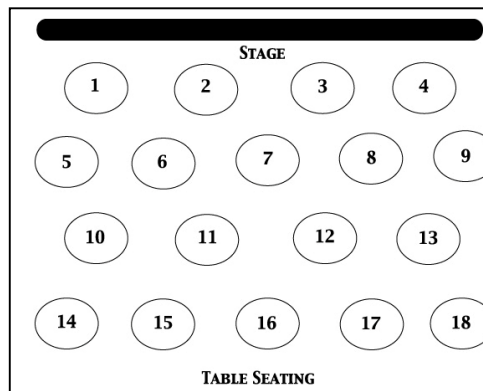
Autumn Classical Concert	Sunday, Oct. 23rd	3:00 p.m.	Roberts Theater (Kingswood Oxford)
Holiday Concert	Sunday, Dec. 11th	3:00 p.m.	West Hartford Town Hall (50 South Main St.)
Spring Classical Concert	Sunday, April 9th	3:00 p.m.	Roberts Theater (Kingswood Oxford)
Pops Concert	Saturday, May 20th	8:00 p.m.	West Hartford Town Hall (50 South Main St.)

Package	Description
---------	-------------

Reserved Seating \$100
 Includes **two \$30 Reserved table seats** (1 ticket for the Holiday Concert and 1 ticket for the Pops Concert) and two \$20 general seats (1 ticket for the Autumn Classical Concert and 1 ticket for the Spring Classical Concert)
Table seating is determined on a first come-first served basis. If you would like to reserve a particular table refer to the floor plan on the right and mark the table number on the order form below.

General Seating \$80
 Includes four **General** \$20 seats (1 ticket for the Holiday Concert, 1 ticket for the Pops Concert, 1 ticket for the Autumn Classical Concert and 1 ticket for the Spring Classical Concert)

Senior Seating (General Only) \$60
No Table Seats
 Includes four **General Seating** senior \$15 seats (1 ticket for the Holiday Concert, 1 ticket for the Pops Concert, 1 ticket for the Autumn Classical Concert and 1 ticket for the Spring Classical Concert)



Detach the order form below and mail to: **WHSO, P.O. Box 370036, West Hartford, CT 06137**
 Phone: (860) 521-4362. Your tickets will arrive in the mail no later than September 30, 2015

For information on upcoming concert events or to order tickets on-line, visit www.whso.org

Ticket Packages	Qty	Sub-Total
Reserved \$100		
<i>Preferred table number: _____</i> <i>Second choice table number: _____</i>		
General \$80		
Senior \$60		
Are you paying by credit card? If yes, add \$3 handling fee: \$3		
Would you make an additional donation? \$ _____		
Grand Total	\$	

-

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Payment method

Check/Money order (payable to WHSO)

Visa (include \$3 handling charge)

MasterCard (include \$3 handling charge)

Card number _____

Expiration date _____

Signature _____