

# Order Form

New Subscriber seating is assigned first come, first served. 7% sales tax and a \$1.50 per ticket RiverCenter Facility Fee are included in the cost of each ticket.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

<b>SEASON TICKET SUBSCRIPTION</b> (8, 7, 6, 4 or Flex-Pass 6)				TOTALS
Number of Subscriptions	Subscription Package	Location A - C	Price	
				Total . . . . . \$ _____
Select your choices by circling the numbers that correspond with the concerts you wish to attend: <b>1 2 3 4 5 6 7 8</b>				
<b>SPECIAL EVENT (SINGLE TICKETS)</b>				
<i>Peter and the Wolf Meet the Three Bears \$8.00ea</i>				Total . . . . . \$ _____
<b>Note:</b>				
<b>SINGLE TICKET ORDER</b>				
Number of	Concert Selection	Location A - C	Price	
				Total . . . . . \$ _____ Tax Deductible Donation . . . . . \$ _____ <b>Subtotal:</b> . . . . . \$ _____ + Handling Fee . . . \$ <b>\$3.00</b> <b>Grand Total:</b> . . . . \$ _____
I understand that ticket sales cover only 19% of the CSO's expenses. Please accept my gift to help close the gap.				
<b>Note:</b>				

**Please Check Method of Payment:**

- Cash   
  Check   
  Visa   
  MasterCard   
  American Express   
  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 Digit Security Code  
(located on back of card)

Authorized Signature \_\_\_\_\_

Name as Printed on Card \_\_\_\_\_

**Please make check payable to: RiverCenter for CSO**

**Mail to: P.O. Box 2425, Columbus, GA 31902 or Fax to: (706) 256-3613 or Call: (706) 256-3632**

All concerts start promptly at 7:30PM in Bill Heard Theatre unless indicated otherwise.  
 Programs subject to change without notice.