



**COLUMBUS SYMPHONY ORCHESTRA**  
EST. 1855  
COLUMBUS, GEORGIA

# 2016-17 SUBSCRIPTION ORDER FORM

*Renew by May 27 to keep your same seats*

## Renewing / New Subscriber (Circle One)

### 1. Verify Subscriber Information

PATRON ID #:

### 2. Seating

CURRENT SEATS: \_\_\_\_\_  
Please make any desired seat changes in the box below if different from your current seats, as well as Legacy Hall seating request.  
*(Seat request changes will be processed following the final subscription renewal deadline. All seating requests will be processed in the order received.)*

### 3. Choose Your Package

Package	Price/Location		
	A (Orchestra)	B (Mezzanine)	C (Balcony)
Subscription 9	\$225	\$243	\$198
Subscription 7	\$182	\$203	\$161
Subscription 5	\$145	\$155	\$105

**Flex-Pass \$174 (Best Seats Available)**  
*(Flex-pass includes 6 vouchers good towards any CSO Subscription concert.)*

Circle the dates of the concerts you wish to attend.

9/17/16	10/15/16	10/22/16
11/19/16	12/2/16	1/28/17* Legacy Hall
2/24/17	3/18/17	4/22/17

### 4 Ways to Renew

Stop by: RiverCenter Box Office  
900 Broadway; Mon. - Fri. 10A to 5:30P  
Call: 706.256.3612 Fax: 706.256.3613

**Mail To: RIVERCENTER  
CSO SUBSCRIPTION  
P.O. BOX 2425  
COLUMBUS, GA 31902-2425**

### 4. Method of Payment (Circle one)

VISA    MASTERCARD    AMERICAN EXPRESS  
CHECK *(Payable to CSO)*

**3 Easy Payments** *(Payment amount is automatically deducted from your credit card and will be charged in equal payments for 3 consecutive months on the first of every month. This plan is available through June 30, 2016.)*

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_/\_\_\_\_ SECURITY CODE \_\_\_\_\_  
*(3 Digit Code located on back of card)*

NAME ON CARD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*(IF DIFFERENT FROM STEP 1)*

SIGNATURE \_\_\_\_\_

### 5. Calculate Amount Due

Package Choice	# of Seats	Price	Total
_____	_____	X \$ _____	= \$ _____

**Additional Tickets:** *(price is discounted for season ticket holders and good for all 3 seating levels)*

Concert #	# of Seats	Price	Total
_____	_____	X Adult \$20	= \$ _____
_____	_____	X Child \$5	= \$ _____
_____	_____	X Student \$10	= \$ _____

**Add 8% Sales Tax = \$ \_\_\_\_\_**

Tax-deductible Donation = \$ \_\_\_\_\_

**Handling Fee = \$5.00**

**GRAND TOTAL = \$ \_\_\_\_\_**

#### OFFICE USE ONLY:

Date received \_\_\_\_\_ Date processed \_\_\_\_\_