

NORTHBROOK SYMPHONY ORCHESTRA

899 Skokie Blvd, Suite LL12 – Northbrook, IL 60062

Phone (847) 272-0755 Fax (847) 272-0755 (please call before faxing)

web site - <http://www.northbrooksymphony.org> e-mail – pvance@northbrooksymphony.org

Flex-Tix Subscription Series (5 coupons + guest coupon)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

E-MAIL _____

How did you hear about us: _____

I am a new subscriber.

Seat Location	# subscriptions	Regular Price	Early Bird
Main floor, Middle-Left/Center/Right _____	X	\$225	\$210 = \$ _____
Main floor, front 4 rows _____	X	205	190 = \$ _____
Main floor, rear 3 rows _____	X	205	190 = \$ _____
Front Balcony (6 rows) _____	X	140	130 = \$ _____
Rear Balcony (5 rows) _____	X	115	105 = \$ _____
Child / Student (with ID) _____	X	35	30 = \$ _____

Subscription Total \$ _____

I wish to request these concerts – please enter # of coupons per concert:

Oct. 9 ____ Nov. 13 ____ Jan. 15 ____ Mar. 5 ____ Apr. 9 ____ Will decide later ____

(Total should equal 6 = 5 coupons + guest coupon per Flex-Tix subscription - unless you want to decide later.)

For 2016/17 please consider a donation to our Annual Fund! Ticket sales constitute less than half of our operating budget so we rely on your additional financial support. Your tax-deductible contribution will help secure a future of vibrant musical enrichment. We are a 501(c)(3) organization under IRS regulations.

\$100 \$250 \$500 \$750 \$1,000 Other Amount

All donations are most welcomed; donations of \$100 or more will be listed in the concert program book.

Tax-Deductible Contribution - THANK YOU! \$ _____

GRAND TOTAL: \$ _____

Payment Method:

Check (payable to the Northbrook Symphony Orchestra)

Charge to: Visa MasterCard Discover

Account #: _____

Expiration Date: _____ Security Code: ____ ____ ____ (last 3 digits on back of card)