

SEND BY JULY 15

Single Tickets

Priority Order Form

We want you to get the best available seats for concerts that may not be in your series. By using this convenient mail order form, you can reserve seats for the upcoming season before tickets go on sale to the general public on July 17. Please refer to the enclosed Concert Schedule or visit sfsymphony.org for programs.

HOW TO ORDER:

- **The priority ordering deadline is Friday, July 15.**
(Orders by mail or in person have no transaction fees. There is a \$10 handling fee for phone and fax orders.)
- Orders are filled according to date received.
Tickets will be mailed in July.
- Due to limited seating capacity in Davies Symphony Hall, please list alternate choices of date and seat location. If you are able to attend any date of a concert, please list "any" as your alternate choice.
- Please enclose payment (either check or credit card number) with your order.

If you have any questions, please call Patron Services at **415-864-6000** or visit sfsymphony.org/subscriberbenefits

SEE REVERSE FOR ORDER FORM →

SEND BY JULY 15

Single Tickets Priority Order Form

Orders will be accepted by mail, phone, fax or in-person only. Online orders will be available beginning Monday, July 17. Due to limited availability, we ask all subscribers to list 1st and 2nd choices for concert dates (when applicable) and seat locations.

EVENT A

1ST CHOICE _____ Date+ _____ Seat Location _____

2ND CHOICE _____ Date+ _____ Seat Location _____

Price (Use 1st Choice) \$ _____ x (No. of Seats) _____ **TOTAL (A) = \$** _____

EVENT B

1ST CHOICE _____ Date+ _____ Seat Location _____

2ND CHOICE _____ Date+ _____ Seat Location _____

Price (Use 1st Choice) \$ _____ x (No. of Seats) _____ **TOTAL (B) = \$** _____

EVENT C

1ST CHOICE _____ Date+ _____ Seat Location _____

2ND CHOICE _____ Date+ _____ Seat Location _____

Price (Use 1st Choice) \$ _____ x (No. of Seats) _____ **TOTAL (C) = \$** _____


EVENT D

1ST CHOICE _____ Date+ _____ Seat Location _____

2ND CHOICE _____ Date+ _____ Seat Location _____

Price (Use 1st Choice) \$ _____ x (No. of Seats) _____ **TOTAL (D) = \$** _____

Tax-deductible contribution	\$ _____
Handling fee (\$10 for phone and fax orders)	\$ _____
TOTAL	\$ _____

 Check here if wheelchair seating is required. *Please indicate matinees.

Select a Payment Method:

Visa MasterCard Discover AmEx Check payable to SF Symphony

ACCOUNT NUMBER _____ EXP. DATE _____

NAME _____

PATRON NUMBER (4- TO 7-DIGIT NUMBER ON THE MAILING PANEL) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ CELL PHONE _____ FAX _____

EMAIL ADDRESS* _____

**Providing your email address registers you to receive concert reminders, a service informing ticketed patrons of last-minute changes, cancellations, and street closures, and our weekly eNews.*

SIGNATURE (REQUIRED) _____