

orchestra of indian hill

NEW SUBSCRIPTION 2017-2018 SEASON

SUBSCRIBE BY JUNE 1 FOR BEST AVAILABLE SEATS

Name _____

Mailing Address _____ City _____ ST ____ Zip _____

Email _____ Phone _____

Seating area preference: _____

You will be contacted to finalize your seat selection.

STEP 1 CIRCLE THE CONCERTS YOU WISH TO ATTEND:

Sat Sept 23 at 7:30pm

Sat Jan 20 at 7:30pm

Sat Mar 24 at 7:30pm

Sat Nov 4 at 7:30pm

Sun Feb 25 at 3:00pm

Sat Apr 28 at 7:30pm

STEP 2 SELECT THE ZONE AND NUMBER OF CONCERTS TO DETERMINE THE SUBSCRIPTION PRICE:

	4 CONCERTS	5 CONCERTS	6 CONCERTS
ZONE 1	\$ 200	\$ 250	\$300
ZONE 2	\$ 128	\$ 160	\$192
ZONE 3	\$ 72	\$ 90	\$108

Subscriptions _____ X Subscription Price \$ _____ = **Subscription Total** \$ _____

Your generosity makes our concerts possible.

Donations are tax-deductible. Thank you for your support!

Annual Fund Donation \$ _____

TOTAL ENCLOSED \$ _____

STEP 3 CHOOSE YOUR PAYMENT METHOD:

___ Check enclosed, payable to Indian Hill Music # _____

___ Charge to VISA MC Card Number # _____

Exp. Date _____ 3 digit CCV#(on back of card) _____

STEP 4 HOW TO CONTACT US:

MAIL TO:
Indian Hill Music
PO Box 1484
Littleton, MA 01460

IN PERSON (Mon-Fri 9am-5pm)
Indian Hill Music
36 King Street (Rte 495/Exit 30)
Littleton, MA

CALL: 978.486.9524 x116

FAX: 978.486.9844