

TUESDAY EVENING CONCERT SERIES

108 Fifth Street S.E., Suite 208 Charlottesville, VA 22902
Phone: (434) 244-9505 Fax: (434) 244-9510 **WWW.TECS.ORG**

2017/18 NEW SUBSCRIPTION ORDER FORM

- Heard about TECS:**
- brochure
 - single ticket buyer
 - word of mouth
 - online/website
 - previous subscriber

Name(s)

Address

City State Zip

e-mail address (for TECS announcements, never shared) Day Phone

SEATING CHOICES

- _____ Adult ORCHESTRA subscriptions @ \$225.00 \$ _____
Please also choose alternate selections as orchestra seats may not be available for first-year subscribers. Refunds will be issued if more expensive seats are not available.
- _____ Adult full-view LOGE or full-view BALCONY subscriptions @ \$170.00 \$ _____
(Circle preference) Please note difficulty walking _____ or climbing _____ or if your height is at least 5'9" _____.
- _____ EASY-ACCESS ADA BOX subscription @ \$170.00 \$ _____
- _____ Partial-View (p.v.) LOGE or BALCONY subscriptions *(Circle preference)* @ \$65.00 \$ _____
- _____ STUDENT @ \$65.00 \$ _____

Will you accept partial-view seats if there are no full-view seats available? ____ yes ____ no
*If you check "yes", we will still give you full-view seats if they are available. If you check "no" to partial-view seats and we have no full-view seats available, your payment will be returned to you.
If you do NOT check a box, we will assume you would NOT accept partial view seats if they are the only ones available.*

CONTRIBUTIONS

_____ Tax Deductible contribution to the Tuesday Evening Concert Series: \$ _____
(a non-profit, 501(c)(3) corporation, with no funding from UVA)

GIFT CATEGORIES:

Principal Underwriter	\$5,000 & over	Guarantor	\$250 to \$499
Underwriter	\$2,000 to \$4,999	Patron	\$100 to \$249
Special Contributor	\$1,000 to \$1,999	Sponsor	\$50 to \$99
Benefactor	\$500 to \$999	Friend	under \$50

Your name to be listed as a contributor in the program: _____

TOTAL AMOUNT DUE: \$ _____

____ Enclosed is my check payable to TECS
____ Please bill my ____ Master Card ____ VISA ____ Amex

Please check if you are at least 5'9" _____

Or if you have physical limitations _____

Card # Exp.Date

FOR OFFICE USE: Date payment received _____

2017/18 Cabell Hall Seats _____

C _____ CAL _____ BO _____ E _____
AA _____ R _____ PC _____ T _____

Please print name on card

(Please note: Your charge will be listed on your credit card statement as the UVA Fund – NOT the Tuesday Evening Concert Series)

**Subscription orders will be processed with the best available seats in order of receipt of FULLY-PAID order.
For further information, please call the Series office at (434) 244-9505.**