

Renew Your Subscription Now!

Seating Adult/Student **New Subscriber**

Subscription Series (all 6 concerts)

| | | |
|-------------------|---------------|----------------------|
| Boxes: | \$216 / \$162 | \$171 / \$129 |
| Section 1: | \$180 / \$126 | \$144 / \$99 |
| Section 2: | \$144 / \$90 | \$114 / \$72 |
| Section 3: | \$108 / \$54 | \$84 / \$42 |

Select Three (3 concerts of your choice) Avail. June 21

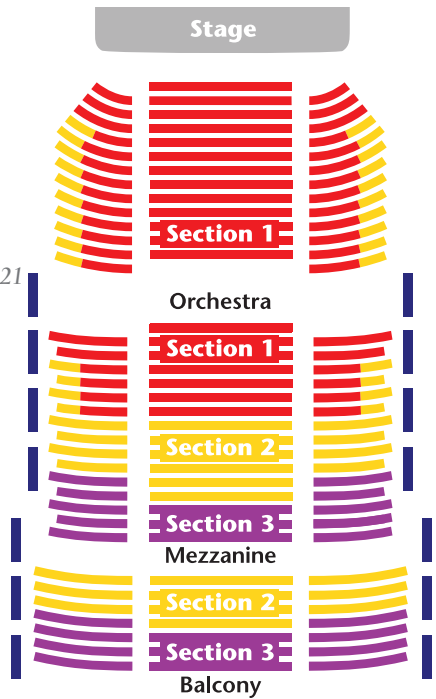
| | |
|-------------------|--------------|
| Boxes: | \$129 / \$96 |
| Section 1: | \$108 / \$75 |
| Section 2: | \$84 / \$66 |
| Section 3: | \$63 / \$50 |

Single Tickets (individual tickets) Avail. June 21

| | |
|-------------------|-------------|
| Boxes: | \$48 / \$36 |
| Section 1: | \$40 / \$28 |
| Section 2: | \$32 / \$20 |
| Section 3: | \$24 / \$12 |

Concert Week Special

Limited \$15 adult/\$10 student seats available the week of each concert. Call 937-328-3874.



Please print clearly

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Concert Seating (Section Preference)

- I'd like to keep my current seats
- Please reserve as per my preferences: 1st Choice _____ 2nd Choice _____

Ticket Order (Single and Select Three tickets go on sale June 21)

- Check here if new subscriber Check here if student

Please reserve _____ **Entire Season** (all 6 concerts) Subscription(s)at \$ _____ each = \$ _____

Processing fee = \$ 3.00

Tax-deductible contribution to the SSO Annual Fund Campaign = \$ _____

Payment

Total amount of order \$ _____

- Check enclosed made payable to **Clark State Performing Arts Center**

Please charge \$ _____ to Visa MasterCard Discover Expiration Date _____

Card # _____ CVW# (last 3 numbers on back) _____

Print name on card _____ Signature _____

Send with payment to Clark State Performing Arts Center, P.O. Box 570, Springfield OH 45501