

# 2010-2011 SUBSCRIPTION ORDER FORM

_____ (# of seats) for Jazz Series 1	Wed/Thur \$438	Fri/Sat \$514	=	\$ _____
_____ (# of seats) for Jazz Series 2	\$290	\$340	=	\$ _____
_____ (# of seats) for Jazz Series 3	\$225	\$265	=	\$ _____
_____ (# of seats) for Jazz Series 4	\$160	\$190	=	\$ _____
_____ (# of seats) for Choose Your Own Series	\$ _____	\$ _____	=	\$ _____

Artists for CYO Series	Please consider a tax-deductible contribution to our annual fund	+	\$ _____
_____	Handling fee	+	\$ <u>10.00</u>
_____	SUBSCRIPTION TOTAL	=	\$ _____
_____	SINGLE TICKET TOTAL (from additional form)	+	\$ _____
_____	GRAND TOTAL DUE	+	\$ _____

DAY & TIME PREFERENCE (CIRCLE ONE)

TABLE PREFERENCE (SEE SEATING CHART)

Wednesday	8:30 p.m.		10:15 p.m.	1 <sup>st</sup> choice	_____
Thursday	8:30 p.m.		10:15 p.m.	2 <sup>nd</sup> choice	_____
Friday	8:30 p.m.		10:15 p.m.	3 <sup>rd</sup> choice	_____
Saturday	8:30 p.m.		10:15 p.m.	4 <sup>th</sup> choice	_____

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CIRCLE CARD:            MASTERCARD            VISA            AMERICAN EXPRESS            DISCOVER

CHECK MADE PAYABLE TO JAZZ ST. LOUIS            CHECK # \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY | STATE | ZIP: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_  
 NIGHT PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

MAIL TO:            JAZZ ST. LOUIS, ATTN: BOB BENNETT  
 3547 OLIVE STREET, SUITE 260  
 ST. LOUIS, MO 63103 | OR FAX 314.289.4039