



Subscribe Today!

Save up to 30% over at-door prices.

Your own great seats.

No standing in line.

Free for youth 18 and under.

Ticket exchanges available.
Some limitations.

First-Time Subscriber

2-for-1 Offer: Buy one **All 5** in Zone 1 or 2, Get one free.



ENCORE CLUB option:

Combine an **All 5** or **Pick 3** subscription in Zone 1 or 2 with a gift of \$25 or more and receive a VIP Pass to the **Taste of the Season** Afterglow at the Auditorium on Opening Night, October 24, plus a donor listing in the program book.

5

Name _____

Address _____

City/State/Zip _____

Email _____

Home phone _____

Work phone _____

e-mail _____

6

Place order:

Call (269) 565-2199

Fax (269) 966-2547

Mail P. O. Box 1613
Battle Creek, MI 49016

Visit Music Center on Fremont Street behind Battle Creek Health System at Kellogg Community College.

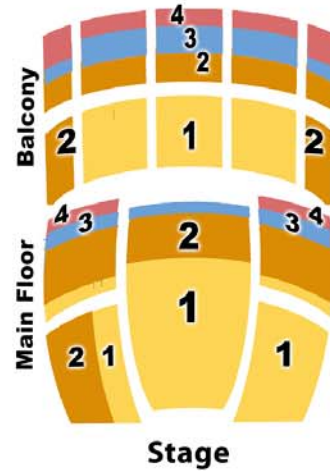
More information at www.BattleCreekSymphony.org.

1

Preferred location: ___ Right ___ Center ___ Left

- ___ Balcony
___ Main Floor

___ Handicap
___ Aisle



2

Choose package:

All 5	Zone 1	Zone 2	Zone 3	Zone 4
Adults	___180	___140	___70	___35
Student	___75	___60	___35	___35
Child U19	___free*	___free*	___free*	___35

* one child free with each adult purchase.



I am a **First-Time Subscriber** and wish to buy an **All 5** Zone 1 or 2 subscription, and get one free. Can include one free child. Additional children at student rate.

Pick 3 **Zone 1** **Zone 2** **Zone 3**

Adults	___115	___90	___45
Student	___60	___40	___30
Child U19	___free*	___free*	___free*

Pick 3: ___Oct.24 ___Dec.19 ___Feb.6 ___Mar.27 ___May 1

3

Optional Annual Fund Gift: \$ _____

List my name in the program as follows:

Designate my gift as follows:

- ___ Music Center (supports all programs below)
___ Symphony ___ Boychoir ___ Girls Chorus
___ Community Chorus ___ Ars Voce
___ Community Music School
___ IMPACT/Sojourner Truth Choir



ENCORE CLUB

My gift is at least \$25, and I have selected Zone 1 or 2 subscription(s). Please send me VIP Pass(es) to the October 24 Taste of the Season Afterglow.

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Check out:

Tickets	\$ _____
Annual Fund Gift	\$ _____
Processing Fee	\$ _____
Early Bird (minus \$7 until May 9)	\$ _____
Total enclosed	\$ _____



Check # _____ Make payable to Music Center.



Credit Card Visa MasterCard Discover

Card No. _____

Expiration _____ Three-digit code on reverse _____

Signature _____