

SEAT REQUEST: \_\_\_\_\_

CHARLESTON CONCERT ASSOCIATION  
Ph: 571-7755

Fax: 571-7713

PO BOX 30668  
CHARLESTON, SC 29417

**2010-2011 Season  
Early Bird "Rollback" Subscription Prices**

The Five Browns	October 2, 2010	Saturday
Paul Taylor Dance Company	November 3, 2010	Wednesday
Vienna Boys' Choir	December 1, 2010	Wednesday
State Symphony Orchestra of Russia	February 3, 2011	Thursday
Ballet Grand Prix, City Center	February 22, 2011	Tuesday
Russian National Ballet Theatre ~ <i>Romeo &amp; Juliet</i>	March 7, 2011	Monday
The Opera Show	March 17, 2011	Thursday

	<i>Before 3/30/10</i>	<i>After 3/30/10</i>	<i>Order 2 – get 3<sup>rd</sup> half price</i>	<u>Seats</u>	<u>Total</u>
Dress Circle Center/Mezzanine Center .....	\$399.00	\$450.00	<b>\$199.50</b>	_____	_____
Dress Circle Rear/Mezzanine Center Side ....	\$373.00	\$412.00	<b>\$186.50</b>	_____	_____
Dress Circle Side/Mezzanine Side .....	\$295.00	\$328.00	<b>\$147.50</b>	_____	_____
Orchestra Center/Balcony Center .....	\$299.00	\$334.00	<b>\$149.50</b>	_____	_____
Balcony Center Side .....	\$230.00	\$257.00	<b>\$115.00</b>	_____	_____
Balcony Side .....	\$215.00	\$238.00	<b>\$107.50</b>	_____	_____
Orchestra Side .....	\$210.00	\$232.00	<b>\$105.00</b>	_____	_____
Orchestra Rear .....	\$185.00	\$206.00	<b>\$92.50</b>	_____	_____
Balcony Rear .....	\$ 85.00	\$ 96.00	<b>\$42.50</b>	_____	_____

**Gifts (All contributions are tax-deductible to the fullest extent of the law):**

	*Patron..... \$2,000 – \$10,000+
*Sustainer..... \$500 – 999	*Benefactor..... \$1,000 – 1,999
Friend..... Up to \$199	Supporter..... \$200 – 499

**Donation** \_\_\_\_\_

\*A donation of \$1,000 entitles you to two memberships in our Intermezzo Club and a VIP Parking Permit.  
(Individual Intermezzo Club memberships are available at \$500 each. Please note that Parking Permit comes at the \$1,000 and up level.)

**TOTAL \$** \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Check     Monthly Automatic Debit/Charge Option (*Call our office for more information*)

Master Card     Am. Express     Visa     Discover

# \_\_\_\_\_ ( ) \_\_\_\_\_ Exp: \_\_\_\_\_  
Secure code

I give the CCA permission to charge my card. I am aware that all tickets are non-refundable and non-exchangeable. Please sign.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_