

HARTFORD SYMPHONY ORCHESTRA

2024-2025 Masterworks Subscription Order Form

Bring/Mail to the Bushnell at 166 Capitol Ave, Hartford, CT 06106 or call (860) 987-5900 to Subscribe

1. Please provide your name and contact information

Name: _____

Address: _____ Phone Number: _____

_____ Email Address: _____

2. Please choose your subscription day and indicate seating preferences

Fridays @8:00pm Saturdays @8:00pm Sundays @3:00pm (Performances held in Belding Theater+)

Area/Section/Row/Seats	Qty	Price

Price per seat	All 9 concerts	6 concerts*
Zone 4	\$675	\$450
Zone 1	\$585	\$390
Zone 2	\$459	\$306
Zone 3	\$342	\$228

- Prokofiev 5 & Peter 9/27-9/29
- Beethoven's VI. Concerto 10/18-10/20
- Brahms' First 11/15-11/17
- Tchaikovsky & Bonds 12/13-12/15
- Sirena Plays Sibelius 2/14-2/16
- Mozart's Requiem 3/14-3/16
- Eroica & Four Seasons 4/4-4/6
- Fire Shut Up in My Bones THU 4/24
- Rachmaninoff & Rhapsody 6/6-6/8

*If choosing the 6-concert package, indicate your choice of programs in the box on the right.

Subtotal: _____

Handling Fee: \$15.00

+Fire Shut Up in My Bones held in Mortensen Hall

Subscription Total: _____

3. I would like to contribute to the HSO:

Your tax-deductible gift will help to underwrite the considerable costs that are not covered by ticket and sponsorship revenues.

Contribution Amount: \$ _____

GRAND TOTAL: \$ _____

4. Payment Information

Please charge my credit card listed below.

Enclosed is my check, made payable to *Hartford Symphony Orchestra*

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

Tickets will be mailed at least two weeks before your first concert. Subscriptions and fees are non-refundable. Artists and repertoire subject to change.

For Office Use Only:

Recd By: _____

Date Recd: _____

Amnt Recd: _____

Check#: _____

Pmt Type: _____

Notes: _____