

HARTFORD SYMPHONY ORCHESTRA

2026-2027 Masterworks Subscription Order Form

Bring/Mail to the Bushnell at 166 Capitol Ave, Hartford, CT 06106 or call (860) 244-2999 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	\$720	\$480
Zone 1	\$621	\$414
Zone 2	\$477	\$318
Zone 3	\$342	\$228

- New World Symphony & Beyond 10/2-10/4
- Dinur Conducts Tchaikovsky 10/23-10/25
- Rush Conducts Brahms 4 11/20-11/22
- Willis Conducts Pictures at an Exhibition 12/11-12/13
- Russell Conducts Symphonie Fantastique 2/12-2/14
- Brahms German Requiem 3/12-3/14
- Bernstein & Beethoven 4/9-4/11
- Barber & Chopin 5/14-5/16
- Carolyn's Finale: Sirena & Scheherazade 6/11-6/13

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

Subtotal: _____

Handling Fee: \$15.00

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: _____