



2019-2020 Season Ticket Order Form

Orders may be mailed or delivered to the **ECA Box Office (410 Fourth Avenue North, Edmonds, WA 98020)** or left at the CSO table at the May concert. Orders may be placed online beginning July 15, but will be limited to seats available after the initial allocation.

Submission of this ticket order form **prior to June 1** is needed to retain your current seating or provide you access to changing seats if you make that request.
Thank you.

PLEASE DO NOT INCLUDE DONATIONS WITH YOUR TICKET ORDER.
YOU CAN DONATE ONLINE AT www.cascadesymphony.org
OR MAIL YOUR GIFT DIRECTLY TO CSO at PO Box 876, Edmonds, WA 98020.

2019-2020 SEASON TICKETS

SUBSCRIPTION CONCERTS:

October 21, 2019 December 8 & 9, 2019 January 13, 2020 March 9, 2020 May 4, 2020
PRE-CONCERT LECTURES, 6:30 PM – CONCERTS, 7:30 PM

Subscription Concerts <i>Five Concerts</i>	Early Bird Price <i>Through July 1</i>	Regular Price <i>Beginning July 2</i>	Quantity	Subtotals <i>Season Tickets</i>
Adults	\$110	\$115		\$
Seniors (60+)	\$90	\$95		\$

Please check preferred date for Holiday Pops Concert: Sunday, December 8 Monday, December 9

OTHER CONCERTS (seating is open, not reserved)

CHILDREN'S CONCERT: February 8, 2020, 3:00 PM ENSEMBLE CONCERT: April 19, 2020, 3:00 PM

Children's Concert	Price	Quantity	Subtotals
Adults/Seniors	\$10		\$
Students with ID	\$5		\$
Youths 12 and under	\$3		\$
Ensemble Concert	Price	Quantity	Subtotals
Adults/Seniors	\$15		\$
Students with ID	\$10		\$
Youths 12 and under	\$5		\$

Please print clearly the following information.

Contact information is for ECA and CSO use only and will not be shared with outside organizations.
Tickets will be held at the Box Office if the mailing option to the right is left blank.

Sub-Total Due	\$
Mailing (opt., \$2.50)	\$
GRAND TOTAL	\$

Name _____

Address _____

City/State/Zip _____

E-mail _____ Phone _____

If this is a renewal season-ticket order, your same seats will be assigned next year unless you indicate you would like a change. If you would like to be considered for a seating change, please check here and complete the bulleted point below. In that case, your current seats will be held for you; if seats of your preference become available, you will be moved to those.

If this is a new season-ticket order, what is your preferred general seating area? (See diagram) _____

• Please circle your seating preferences: *Aisle* OR *Mid-Row* *Forward* OR *Rear*

The facility has limited ADA special needs seating available. By checking the box on this line, you confirm your need for this accommodation.

PAYMENT INFORMATION

Check payable to the **EDMONDS CENTER FOR THE ARTS** Visa Mastercard

Card Number _____ Expiration _____

Signature _____

