

# BCMS Season 2024/25 Subscription Form

Eight Sunday matinees at 3:00 PM at Sanders Theatre

I am/We are:  Renewing subscribers  New subscribers

**Seating preference** I/we would like:

Same seats (for renewing subscribers)  New seats (mark seating chart below)

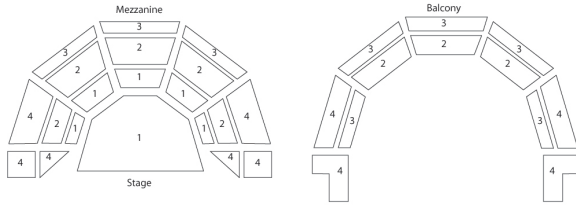
## Option 1: Full season

|                    | # of subs | Level 1 | Level 2 | Level 3 | Level 4 | Student | Subtotal  |
|--------------------|-----------|---------|---------|---------|---------|---------|-----------|
| All eight concerts | ___ x     | \$ 460  | \$ 376  | \$ 288  | \$ 200  | \$ 48   | =\$ _____ |

**Option 2: Pick your own** Buy at least one ticket to **four or more concerts**; may choose different price levels for different concerts

| Dates        | # of tix | Level 1 | Level 2 | Level 3 | Level 4 | Student | Subtotal  |
|--------------|----------|---------|---------|---------|---------|---------|-----------|
| September 29 | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| October 20   | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| November 10  | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| January 12   | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| February 16  | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| March 9      | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| April 13     | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |
| May 11       | ___ x    | \$ 60   | \$ 49   | \$ 37   | \$ 25   | \$ 6    | =\$ _____ |

## Seating chart



**Call our office at  
617.349.0086 if you  
have any questions**

Total for subscription \$ \_\_\_\_\_  
 I would like to make a tax-deductible contribution \$ \_\_\_\_\_  
 Handling charge \$ 5.00  
**TOTAL ENCLOSED \$ \_\_\_\_\_**

Check enclosed payable to BCMS Charge my  Visa  Mastercard  American Express

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State / Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email -- Would you like to be on our email list? YES NO

RETURN TO **BCMS • 60 Gore Street • Cambridge, MA 02141**