

TUESDAY EVENING CONCERT SERIES

108 Fifth Street S.E., Suite 208 ♦ Charlottesville, VA 22902
Phone: (434) 244-9505 Fax: (434) 244-9510 **WWW.TECS.ORG**

2022/23 NEW SUBSCRIPTION ORDER FORM

You can also order & pay securely online at **WWW.TECS.ORG**. Click on "Tickets" and "Buy Subscriptions"

Name(s) _____
Address _____
City _____ State _____ Zip _____
e-mail address (for TECS announcements only, never shared) _____ Day Phone _____

Heard about TECS:

- brochure
 single ticket buyer
 word of mouth
 online/website
 previous subscriber

SEATING CHOICES:

Please indicate difficulty walking _____ or climbing _____ or if your height is at least 5'7" _____.

NOTE: Orchestra seats may not be available for first-year subscribers so please also choose alternate selections.
Refunds will be issued if more expensive seats are not available.

_____ ORCHESTRA subscriptions @ \$225.00 \$ _____
_____ Full-view LOGE or Full-view BALCONY subscriptions (Circle preference) @ \$170.00 \$ _____
_____ EASY-ACCESS ADA BOX subscriptions @ \$170.00 \$ _____
_____ Partial-view (PV) LOGE or BALCONY subscriptions (Circle preference) @ \$65.00 \$ _____
_____ STUDENT @ \$65.00 \$ _____

Refunds issued if concerts are cancelled

Will you accept partial-view seats if there are no full-view seats available? ____ yes ____ no

If you check "yes", we will still give you full-view seats if they are available. If you check "no" to partial-view seats and we have no full-view seats available, your payment will be returned to you.

If you do NOT check a box, we will assume you would NOT accept partial view seats if they are the only ones available.

NOTE: Partial-view seat subscribers are given priority for full-view seats their second year of subscribing.

CONTRIBUTIONS

_____ Tax Deductible contribution to the Tuesday Evening Concert Series: \$ _____
(a non-profit, 501(c)(3) corporation, with no funding from UVA)

GIFT CATEGORIES:

Principal Underwriter	\$5,000 & over	Guarantor	\$250 to \$499
Underwriter	\$2,000 to \$4,999	Patron	\$100 to \$249
Special Contributor	\$1,000 to \$1,999	Sponsor	\$50 to \$99
Benefactor	\$500 to \$999	Friend	under \$50

Your name to be listed as a contributor in the program:
(or indicate preference for "Anonymous" listing)

TOTAL AMOUNT DUE: \$ _____

_____ Enclosed is my check payable to TECS

Please bill my ____Master Card ____VISA ____Amex

Card # _____ Exp.Date _____

Security Code _____

Please print name as it appears on card

(Please note: Charge(s) will be listed on your credit card statement as
the **UVA FUND through the UVA ALUMNI ASSOCIATION**
NOT the Tuesday Evening Concert Series)

FOR OFFICE USE: Date payment received _____
2021/22 Cabell Hall Seats _____
C _____ CAL _____ BO _____ E _____
AA _____ R _____ PC _____ T _____

Subscription orders will be processed with the best available seats in order of receipt of FULLY-PAID order.

For further information, please call the Series office at (434) 244-9505.