

Day	# of Seats	Seat Location	Price Per Seat	TOTAL:
Sunday				

Renewal Deadline: **April 14, 2024** to retain your current seats and to receive priority if requesting a change. After that date we cannot guarantee seats as listed above.

Please review your contact information carefully and make any necessary changes.

Customer ID:

Communications from the Box Office: Please confirm the contact information above is correct. All communications and ticket information will be sent via email.

1. ☐ **YES! PLEASE RENEW MY CURRENT SEATS** TOTAL \$ _____

OR ☐ **CHANGE MY CURRENT SEATS**

No. of Seats _____ Seat Location _____ Price per Seat _____ TOTAL \$ _____

Please see map on the back for seat location & pricing information. If the change request is not possible, we will assign the seats that were printed on this invoice.

2. ☐ **ORDER YOUR CLAYTON HOLIDAY CONCERT TICKETS NOW AT A 20% DISCOUNT**
Purchase now to receive the best seats in the house and your subscriber discount. See the back page for special subscriber pricing.

☐ Friday, December 20, 7:30pm ☐ Saturday, December 21, 3pm
☐ Saturday, December 21, 7:30pm ☐ Sunday, December 22, 3pm

No. of Seats _____ Seat Location _____ Price Per Seat _____ TOTAL \$ _____

3. **Additional POPS Concert – HOME ALONE movie.**

No. of Seats _____ Seat Location _____ Price Per Seat _____ TOTAL \$ _____

4. **ORDER YOUR CONCERTMASTER SERIES at the KMA** (3 concert season for \$65.00):
☐ Wednesday ☐ Thursday No. of Seats: _____ TOTAL \$ _____

5. **ORDER YOUR Q Series at the Elks Lodge** (6 concerts for \$194 lunch included)
No. of Seats: _____ TOTAL \$ _____

6. **2024 ANNUAL FUND CHALLENGE** Your support helps over 30,000 students hear the orchestra through our education programs. Suggested Gift: \$ _____

HANDLING FEE By making a gift of \$25 or more on today's order, we will be pleased to waive the handling fee. **\$5.00**

7. **Ticket Printing** **\$20.00**
Tickets Available **Free on-line** through your KSO Ticketmaster account.

6. YOUR PAYMENT GRAND TOTAL \$ _____

☐ **Check Enclosed made payable to Knoxville Symphony Society** (Please write your Customer ID on the check).

Charge to Credit Card: ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Card Number: _____

Expiration Date: ____ / ____

☐ **I DO NOT WISH TO RENEW, PLEASE CANCEL MY SUBSCRIPTION**

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