

2008/2009 SEASON SUBSCRIPTION ORDER FORM

Mr. Miss Mrs. Ms.
 Mr. & Mrs. Dr. Dr. & Mrs. Dr. & Mr.

Name _____

Street _____

City/State/Zip _____

Telephone (home) _____ Telephone (work) _____ E-mail _____

Subscription Orders: Please see kimmelcenter.org/kcp0809

Series*	1st Seating Choice**	2nd Seating Choice	# of Seats	Cost per Seat	Total

* Please select your options for these series:

MOVERS & SHAKERS SERIES Select one.

MOVERS AND SHAKERS FOUR PERFORMANCE PACKAGES

Perelman Theater
**Includes Philadanco fall and spring performances*

PACKAGE 1

Thursday/
 Philadanco*;
 La La La Human
 Steps;
 Friday/
 Rennie Harris

PACKAGE 2

All Friday
 Performances/
 Philadanco*;
 La La La Human
 Steps; Rennie Harris

PACKAGE 3

Saturday Matinee/
 Philadanco*;
 Saturday Evening/
 La La La Human
 Steps; Saturday
 Matinee/
 Rennie Harris

PACKAGE 4

All Saturday
 Evenings/
 Philadanco*;
 La La La Human
 Steps; Rennie Harris

PACKAGE 5

Sunday Matinee/
 Philadanco*;
 Saturday Evening/
 La La La Human
 Steps; Saturday
 Matinee/
 Rennie Harris

WORLD & POP SERIES Select any four or more performances in this series.

Artist	Seating Area	Price
Total		

Additional Concerts Select from any Kimmel Center Presents 2008/09 concert.

(Only available with purchase of any full series subscription.)

Artist	Seating Area	Price
Total (add to above section)		

All add-on concerts ordered by phone are subject to additional handling fees.

Subscription Subtotal: _____

Additional concerts total from below: _____

Please add parking for my subscription events.
 Number of events _____ X \$18

Subscription Handling Charge: \$12.00

Donation: **Become a Member!**

Give a gift of \$100 or more and support the ongoing artistic and educational mission of the Kimmel Center.

I wish to participate in the Partial Payment Plan. Secure seats with a 50% deposit, and the remainder will be charged July 14.
 (A \$10 fee will be added to your order. Available for credit card payment only.)

Grand Total _____

** Due to prior subscription sales, your first seating choice may not be available. If so, charges will be adjusted based on your second choice.

Do you have a special seating need? _____

Payment: Check

(Payable to Kimmel Center, Inc.)

Credit Card



Visa

MasterCard

Discover

(Card Must be valid through 8/08 for Partial Payment Plan)

Number _____

Expiration Date _____

Signature (as on card) _____

Note: all charges will appear as **TICKET PHILADELPHIA**.

No refunds – all subscription sales are final. Your credit card statement will be your order confirmation. Your tickets will be mailed to you in mid-August.

MAIL TO:

Kimmel Center Presents Subscriptions, Ticket Philadelphia
 1420 Locust Street, Suite 320, Philadelphia, PA 19102

Fax: 215.893.1833 • Call: 215.893.1955