GOLD COAST JAZZ SOCIETY

SUBSCRIPTION REPLY

1350 E. Sunrise Blvd. · Fort Lauderdale, FL 33304 · Phone 954-524-0805 · Fax 954-525-7880
www.goldcoastjazz.org

Name: _____

Address:_____
City ST ZIP

Phone:_____EMAIL_____

Here is my order for 2010-2011:

Full Subscription (7 concerts)	**Price**	**Number of Subscriptions**	**Handling Fee $7.00 per order**	**Total**
A Section	**$210**		**$**	**$**
B Section	**$196**		**$**	**$**

Sampler Subscription (4 concerts)	**Price**	**Number of Subscriptions**	**Handling Fee $7.00 per order**	**Total**
A Section	**$144**		**$**	**$**
B Section	**$128**		**$**	**$**

( ) I've checked the boxes to pick the following **4 Jazz Sampler** concerts:

- ☐ **11/10 Frank Derrick Big Band**
- ☐ **12/8 Shelly Berg Trio & Ken Peplowski**
- ☐ **1/12 Jeff Hamilton Trio**
- ☐ **2/9 Jackie Ryan, Jazz Vocalist**
- ☐ **3/9 Bill Allred Classic Jazz Band**
- ☐ **4/13 Turk Mauro & Gold Coast Jazz Society Band**
- ☐ **5/11 Davis & Dow Jazz Band**

☐ **I want to keep the same seats as last year**

☐ **I want to change my seats as indicated below (based upon availability)****

Please mail tickets AFTER AUG. 15 to the address below **(If different from the one above)**

_____

Address Apt. # City State Zip

****Special requests (please include on reverse side)**

My total order is for $_____.

( ) *I'm mailing my check payable to Gold Coast Jazz Society*

( ) *I'm going use my:* ( ) Visa ( ) MasterCard ( ) American Express

_____

Name as it appears on the Credit Card Card Number Exp. Date

_____

Signature