

GOLD COAST SOCIETY

1350 E Sunrise Blvd · Fort Lauderdale, FL 33304 · 954 524-0805 · www.goldcoastjazz.org · gcjudy@bellsouth.net

2018-2019 ORDER FORM

Name: _____

Address: _____ City: _____ St _____ Zip _____

Email: _____ Phone: _____

Here is my order for 2018-19:

Make my membership (See the enclosed flyer for all the membership privileges)

- ___ \$60 Solo Jazz Club Membership (For One Person)
- ___ \$100 Duo/Patron Jazz Club Membership (For Two Persons)
- ___ \$250 Silver Jazz Club Membership
- ___ \$500 Gold Jazz Club Membership
- ___ \$1,000 Platinum Jazz Club Membership
- ___ \$2,500 Diamond Circle Membership

Please note: Solo membership entitles you to (1) Full or Trio subscription at the member rate. Dual/Patron entitles you to (2) Full or Trio Subscriptions at the member rate.

Send me the following ticket package(s): Please include the # of subscriptions you would like to receive

- Reserve ___ Full Subscription(s) at the member rate of \$266.00 per subscription including handling fee
- Reserve ___ Full Subscription(s) at the \$294.00 non-member rate per subscription including handling fee
- Reserve ___ Jazz Trio(s) subscription at the member rate of \$120.00 per Trio including handling fee
- Reserve ___ Jazz Trio subscription(s) at the non-member rate of \$144.00 per Trio including handling fee

() My Jazz Trio order is for the following *three* (3) concerts:

- | | |
|---|---|
| <input type="checkbox"/> 11/14 South Florida Jazz Orchestra with Antonio Adolfo | <input type="checkbox"/> 3/13 FIVE PLAY |
| <input type="checkbox"/> 12/5 Jason Marsalis & The 21 st Century Trad Band | <input type="checkbox"/> 4/10 Carol Welsman Trio |
| <input type="checkbox"/> 1/9 Paquito D’Rivera & the Shelly Berg Trio | <input type="checkbox"/> 5/3 Tamir Hendelman Trio |
| <input type="checkbox"/> 2/13 Svetlana & The Delancy Five with Wycliffe Gordon | |

() Retain my present seats or () Seating request (based upon availability) : _____
Section _____ Seat Numbers _____

** Current Subscribers receive the first option for seating. New subscribers assigned the best available seats after Aug. 15.

() **Contact me about seating for those with mobility problems or disabilities requiring special assistance**

Address _____ Apt. # _____ City _____ State _____ Zip _____

Please mail ticket to the address above if different for the address on the top of the form.

My total order including membership and tickets is for \$ _____.

() *Enclose check to Gold Coast Jazz Society. Charge to:* () Visa () MasterCard () American Express

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