

GOLD COAST SOCIETY

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

2017-2018 Jazz Concert Series **SUBSCRIPTION ORDER FORM**

Name: _____

Address: _____ City: _____ St _____ Zip _____

Email: _____ Phone: _____

Here is my order for 2017-18: Make my membership:

- \$60 Solo Jazz Club Membership (individual person)
- \$100 Duo/Patron Jazz Club Membership
- \$250 Silver Jazz Club Membership
- \$500 Gold Jazz Club Membership
- \$1,000 Platinum Jazz Club Membership
- \$2,500 Diamond Circle Membership

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 (includes handling fee)

Reserve Full Subscription(s) at the non-member rate of \$294.00 per subscription (includes handling fee)

Reserve Jazz Trio(s) subscription at the member rate of \$120.00 per Trio (includes handling fee)

Reserve Jazz Trio subscription(s) at the non-member rate of \$144.00 per Trio (includes handling fee)

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

- | | | | |
|-------------------------------|----------------------------------|-------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 11/8 | Jeff Hamilton Trio | <input type="checkbox"/> 3/14 | Loston Harris Trio |
| <input type="checkbox"/> 12/6 | Ann Hampton Callaway | <input type="checkbox"/> 4/11 | Four Freshmen |
| <input type="checkbox"/> 1/10 | Cyrille Aimeé & Shelly Berg Trio | <input type="checkbox"/> 5/9 | Gold Coast Jazz Society Band & Special Guests |
| <input type="checkbox"/> 2/14 | Willie Jones III Allstars | | |

I wish to retain my present seats or Seating request (based upon availability): _____
Section _____ Seat Numbers _____

** Current Subscribers receive first option for seating. New subscribers are assigned 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