APA Subscription Order Form – 2019-20

____Season Series (5 performances)   $200   $_________

($40 each)

Single tickets will be sold at $45 each starting August 5

Subtotal $_________

Handling Fee $5 per Season Series

(ex: 2 Series x $5 = $10 handling fee)

Contribution $_________

TOTAL _________

___Renewing Subscriber

Same Seats: __yes    __no

Deadline for retaining same seats is July 1

___New Subscriber Seating availability based on date application is received

Seating chart at AikenArts.com

Performance Preference:   ___Thursday   ___Friday

TICKETS WILL BE MAILED IN AUGUST

Name

Address

City, State, Zip

Phone Email

___Check    Make checks payable to Aiken Performing Arts (APA) P.O. Box 5927 Aiken, SC 29804

___Credit

Credit Card # (Visa, MC, Amex, Discover) Security Code

Expiration Date __________________________ Signature __________________________

Office Use Only

Check:___________________ Check #:___________________ Date___________________

Credit:___________________ Batch #:___________________ Date___________________

Invoice #:___________________ Mailed on __________________________

Date Received___________________ Seats Assigned___________________

Season Tickets: 803.643.4774