CHAMBER MUSIC SOCIETY OF ST. LOUIS

2025-26 SEASON #17

Subscription Order Form

CABARET CONCERT PACKAGES *CHECK THE BOXES OF YOUR CHOICE*

☐ Package A

(**SAVE** from regular single ticket price of $44)

INCLUDES

All 12 concerts

$450/per package

# of Package A _____

☐ Package B

INCLUDES 6 Monday concerts of your choice

All concerts are cabaret seating in Pillsbury Theatre unless otherwise notated

Choose your 6 concert dates below by checking 6 lines

____ *September 22* ____ *October 13* ____ *October 27*

____ *November 17* ____ *December 1* ____ *December 15*
Hi-Pointe Theatre

____ *January 26* ____ *February 16* ____ *March 9*
E. Desmond Lee Hall

____ *March 30* ____ *April 20* ____ *May 4*

$258/per package **# of Package B _____**

☐ Add to your Subscription A or B!

$38.00/per seat

# of Ballet Tickets _____

Add this extra concert to your subscription order

Collaboration with St. Louis Ballet and CMSSL Musicians

Ballet concert at Touhill Performing Arts Center

Ballet Date Chosen (check one)

____ *Oct 11* **Saturday Matinee 1:30 pm** *OR*

____ *Oct 11* **Saturday Evening 6:00 pm** *OR*

____ *Oct 12* **Sunday Matinee 2:30 pm**

• ***PLEASE PROVIDE ALL INFORMATION BELOW FOR PROCESSING*** •

# of Packages Total: _____ **$ _____**

# of Ballet Tickets Total: _____ **$ _____**

Processing fee for all orders: **$ _____4.00_____**

Please add a tax deductible donation of: **$ _____**

Total amount enclosed: **$ _____**

Order by Credit Card ☐ **Visa** ☐ **MasterCard** ☐ **Discover**

16 digit # _____ exp. date_____ 3-digit CVC _____

Pay by Check **Mail order form and check to:**

Chamber Music Society of St. Louis • 222 S. Central Ave., Suite 501 • St. Louis, MO 63105

Name_____ Contact phone #_____

Street_____ City/State/Zip _____

Email address *required for E-Ticketing*: _____

Indicate 3 choices in order of table preference: Table #_____ Table #_____ Table #_____

Notes/Special Requests _____

314-941-6309 • www.chambermusicstl.org • info@chambermusicstl.org

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