



**Concert Series**

Date	Regular Price	Pick 9 - Save 25%			Pick 6 - Save 20%			Pick 3 - Save 15%		
		9 Concerts			6 Concerts			3 Concerts		
			# of Tickets	Total		# of Tickets	Total		# of Tickets	Total
Laura Caviani Trio/ Karrin Allyson	10/14/17	\$25		\$19			\$20			\$22
John Paul White	11/04/17	\$28		\$21			\$23			\$24
Four Freshmen Holiday Show *	12/16/17	\$45		\$34			\$36			\$39
Ruthie Foster	01/27/18	\$30		\$23			\$24			\$26
JD Souther *	02/10/18	\$39		\$30			\$32			\$33
Marty Stuart *	03/17/18	\$45		\$34			\$36			\$39
Monroe Crossing	03/20/18	\$25		\$19			\$20			\$22
Quebe Sisters	03/24/18	\$25		\$19			\$20			\$22
J Scofield/ J Lovano Quartet*	04/24/18	\$45		\$34			\$36			\$39
John Gorka	05/12/18	\$28		\$21			\$23			\$24
				<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>

Please complete and return this form to Concert Subscriptions at 1111 Mainstreet, Hopkins, MN 55343.

Yes! I would also like to become a Friend of the Hopkins Center for the Arts

Senior \$30      
 Individual \$35      
 Salon Society \$100

Hopkins Center for the Arts relies on memberships and donations to support our music and visual arts programs. In addition to supporting arts in our community, your membership provides discounts on single event tickets, subscription to our monthly e-newsletter and invitations to special events and exhibitions. Memberships are renewable annually. Membership at the \$100 level includes 2 free tickets. Concerts with (\*) are not available as part of the **free ticket program**.

**PLEASE COMPLETE THE SECTION ON THE BACK OF THIS FORM**

PLEASE COMPLETE THIS SECTION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Concert Series \_\_\_\_\_

**GRAND TOTAL DUE**

Ticket subscription order + Friends Membership (optional)

Payment Method

Ticket purchases by check payable to CPT Services,

**If you are also joining the Friends, please write separate check for membership to: Friends of HCA**

Charge to my American Express, VISA or MasterCard account

Credit Card Number \_\_\_\_\_ Exp date \_\_\_\_\_

Signature \_\_\_\_\_ Sec code \_\_\_\_\_

Special seating needs (such as wheelchair accessibility) \_\_\_\_\_

Preferred seats (not guaranteed) \_\_\_\_\_

I would like to sit next to the following friends who are sending their forms in separately \_\_\_\_\_

Questions? Please call 952-979-1111, option 4