

## 2024 Order Form

**Sat., Feb. 17, 2024 ~ *An Afternoon of Symphonic Winds***

Enjoy music by Gounod, Hummel, Jadassohn, and Mozart  
*St. Francis Episcopal Church, 2200 Via Rosa, Palos Verdes Estates*

**Sat., Mar. 16, 2024 ~ *Boris Allakhverdyan, clarinet***

Principal, Los Angeles Philharmonic / Weber: Clarinet Quintet / Kaska: Serenade, and more  
*Riviera United Methodist Church, 375 Palos Verdes Blvd., Redondo Beach*

**Sun., May 19, 2024 ~ *Beethoven to Broadway & Film***

Beethoven's mighty Symphony No. 5, along with selections from Broadway stage and film.  
*Norris Theatre*

▲ KEEP UPPER PORTION WITH DATES ▲

**Please return by February 9, 2024. Tickets for February 17 will be at Will-Call.**

**Please read carefully:**

	Tickets	No. of Seats	\$ Total
<b>St. Francis Concert</b> (SAT., Feb. 17, 2024)	\$59	_____	_____
<b>Riviera Methodist Concert</b> (SAT., Mar. 16, 2024)	\$59	_____	_____
<b>Norris Concert</b> (SUN., MAY 19, 2024) <i>(*Includes PVPA facility fee)</i>	\$69*	_____	_____
	<b>CONTRIBUTION TO COSB</b> <i>(Donors will be listed by category)</i>	_____	_____

I would like to retain my prior seats   
*(\*COSB reserves the right of final seating assignment)*

TOTAL

### CONTRIBUTION TO THE COSB FUND

Ticket sales revenue provides only half the annual operating costs of the COSB. To maintain top professional standards, additional donations are needed to meet our budget.

Virtuoso	<b>\$10,000+</b>	Conductor's Circle	<b>\$2,500+</b>	Benefactor	<b>\$800+</b>	Friend	<b>\$150+</b>
Golden Baton	<b>\$5,000+</b>	Principal	<b>\$1,000+</b>	Patron	<b>\$300+</b>		

Name \_\_\_\_\_ Phone \_\_\_\_\_  
AS YOU WOULD LIKE IT TO APPEAR IN THE PROGRAM (PLEASE PRINT CLEARLY)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Email \_\_\_\_\_

Never lose or forget your tickets,  
check here if you would like your  
season tickets held at will-call.

Check: Payable to Chamber Orchestra of the South Bay (can abbreviate COSB)

Charge:  Visa  MasterCard  Discover (Plus \$7 Service Charge) (Form may also be faxed)

Credit Card # \_\_\_\_\_ CVC Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(DOCUMENT WILL BE SHREDDED)

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please continue to visit the  
COSB website at  
**www.mycosb.org**

to keep informed as to any updates to our  
programs and ongoing safety protocols.

**Mail your order to:**

*Chamber Orchestra of the South Bay (or COSB)*  
*P.O. Box 2095, Palos Verdes Peninsula, CA 90274*  
*Tel. (310) 502-9934 • Fax (424) 271-9165 • E-mail: cosb.mail@gmail.com • www.mycosb.org*  
*(Please enclose return-address long stamped envelope. Tickets will be mailed in September.)*  
**(No Refunds or Exchanges on Tickets)**  
**Artists and Programs are subject to change without notice.**