

TICKET EXCHANGE FORM

- All exchanges are filled based on best available seating at the time of request.
- Please allow a minimum of two weeks for mailing.
- Please note the Box Office does not receive mail on weekends or holidays.
- Past-dated, donated and transferred tickets are not exchangeable.

Name _____ Subscriber Number _____

Address _____

City _____ State _____ ZIP _____

Phone (Day) _____ (Evening) _____

Email _____

1st Choice Date: _____ Mat. Eve.

2nd Choice Date: _____ Mat. Eve.

3rd Choice Date: _____ Mat. Eve.

I would like to purchase _____ additional tickets for _____ .
(Per ticket fees apply.) (date)

If seating is not available in my section:

I will accept the next higher price available and pay the difference.
(Charge my credit card the extra amount.)

I will accept seating at the next lower price available and receive a credit to my subscription account. (Account credit is good only towards the purchase of tickets for the LA Phil's current season at Walt Disney Concert Hall.)

I require a wheelchair location.

Comments: _____

Check enclosed payable to the Los Angeles Philharmonic

American Express Discover MasterCard Visa

Card No. _____ Expiration Date _____

Cardholder Name _____

Signature _____

**WALT DISNEY
CONCERT HALL**

