

# FESTIVAL CHOIR TICKET ORDER FORM

*2009-2010 Season*

## *Four Concert Subscription Series*

**General** \_\_\_\_\_ (sets) @ \$55 = \$ \_\_\_\_\_

Early Bird General (7/15/09) \_\_\_\_\_ (sets) @ \$45 = \$ \_\_\_\_\_

**Senior (62+)** \_\_\_\_\_ (sets) @ \$45 = \$ \_\_\_\_\_

Early Bird General (7/15/09) \_\_\_\_\_ (sets) @ \$35 = \$ \_\_\_\_\_

**Student** \_\_\_\_\_ (sets) @ \$15 = \$ \_\_\_\_\_

**Holiday Bonus Tickets** \_\_\_\_\_ @ \$8 = \$ \_\_\_\_\_

***Subscription Total*** \_\_\_\_\_

## *Advance Price Single Tickets*

	General	Senior	Student	Total
Oct 17	_____ \$12	_____ \$12	_____ \$5	_____
Dec 12	_____ \$12	_____ \$12	_____ \$5	_____
Feb 27	_____ \$12	_____ \$12	_____ \$5	_____
May 15	_____ \$12	_____ \$12	_____ \$5	_____

***Advance Ticket Total*** \_\_\_\_\_

***Order Total*** \_\_\_\_\_

Mail To:  
 Festival Choir of Madison  
 5610 Medical Cir, Ste 15  
 Madison, WI 53719

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Check payable to Festival Choir enclosed  
 Please charge my Mastercard or Visa card  
 Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_