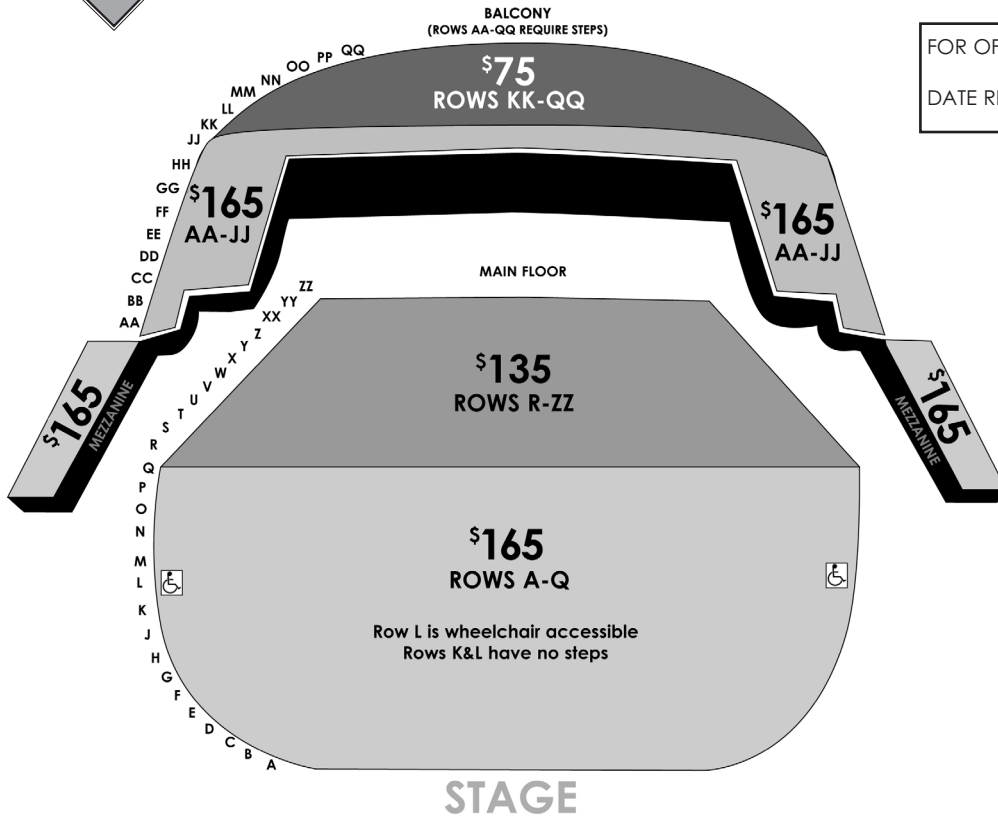




# Wabash Valley Music Association Ticket Order Form

Deadline for renewal is June 1, 2009



FOR OFFICE USE ONLY:

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_

### SEATING PREFERENCE:

- Same seats as last year
- Balcony
- Main Floor
- Wheelchair access
- Special needs or requests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>TYPE OF TICKETS</u>	<u>NO. OF TICKETS</u>			<u>PRICE TOTAL</u>
Adult Season	___ \$165	___ \$135	___ \$75	\$ _____
Student Season <i>(through high school)</i>	___ \$82.50	___ \$67.50	___ \$37.50	\$ _____
Yes! I would like to become a WVMA Angel!* \$ _____				
___ \$1000+ Platinum Angel	___ \$100 Arch Angel			
___ \$500 Golden Angel	___ \$50 Guardian Angel			
___ \$250 Silver Angel	___ \$25 Patron Angel			

GRAND TOTAL \$ \_\_\_\_\_

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_ CASH \_\_\_ CHECK \_\_\_ CREDIT CARD

CITY \_\_\_\_\_

ACCT # \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CVV# \_\_\_\_\_ EXP \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*Contributors are acknowledged in programs.

Please list your name as you would like it to appear: \_\_\_\_\_ Or anonymous \_\_\_\_\_

Optional: \_\_\_ In honor of \_\_\_ On behalf of \_\_\_ In memory of : \_\_\_\_\_