



2017-18 TICKET ORDER FORM

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Season Tickets *Our best value!*

	Total \$
_____ (qty) @ \$45 (ADULT)	\$ _____
_____ (qty) @ \$30 (SENIOR)	\$ _____

Single Tickets

_____ (qty) @ \$15 (ADULT)	\$ _____
_____ (qty) @ \$10 (SENIOR)	\$ _____
_____ (qty) @ \$5 (STUDENT)	\$ _____

Please indicate which Christmas concert you plan to attend: (*Check one*)

Tuesday, December 5, 2017, @ 7:30pm

Friday, December 8, 2017, @ 7:30pm

Moonlight & Music

_____ (qty) @ \$60 \$ _____

Donation in the amount of \$ _____

TOTAL \$ _____

Method of Payment:

Check in the amount of \$ _____

Credit Card in the amount of \$ _____

Card Number: _____

Exp Date: _____ Security Code: _____

Name on Card: _____

Thank you for supporting Chorale Acadienne!