

SINGLE TICKET ORDER FORM

CONTACT INFORMATION

Name (First/Last): _____

Street Address: _____ City/State/Zip: _____

Phone: (_____) _____ Email: _____

Email allows donor dollars to go further by reducing printing and mailing cost. All personal information will be held strictly confidential.

SINGLE TICKET ORDERS

↓ CONCERT DATES ↓	Number of ADULT tickets	Number of SENIOR (62+) tickets	Number of FREE student tickets (0-18)*
December 9, 2007			
February 24, 2008			
March 30, 2008			
May 18, 2008			
TOTAL # of tickets			
COST of tickets	X \$15.00	X \$12.00	X \$0
SUBTOTAL (# tickets X COST)			
TOTAL (all subtotals added together)			

**Students ages 2-18 may receive a FREE ticket with a paying adult, but MUST have a ticket to guarantee a seat. Childcare is also available if arrangements are made three days in advance.*

Please call 598-1755 for more details.

METHOD OF PAYMENT:

Check enclosed (payable to Fishers Music Society, Inc)

Credit Card (circle one): *VS / MC / AMEX / DISC* Exp. Date: _____

Exact name on card: _____

Number on card: _____

Cardholder Signature: _____

Mail or fax to: Fishers Chamber Players • P.O. Box 6206 • Fishers, IN 46038-6206 / 317.598.1755

Please allow 7 days if mailing.