

Order your tickets!

To **guarantee** your same reserved seats or have first option to change seats, please order by **June 15, 2009**.

I AM A RENEWING TICKET HOLDER:

- I want to keep my current seat locations.
- I plan to upgrade, change, or add seats.

IMPORTANT! To change or check availability of new seating:
 First, renew your current season tickets by **June 15**.
 Then, call 453-4102 or visit the Symphony Office
 anytime between **June 24-30, 9:30am - 4:30pm**.

I AM A NEW TICKET PURCHASER:

- I prefer the balcony.
- I prefer the main floor.

New orders are filled in order of date received, after current subscribers are seated.

I WANT TO HEAR THE LATEST NEWS FROM THE SYMPHONY!

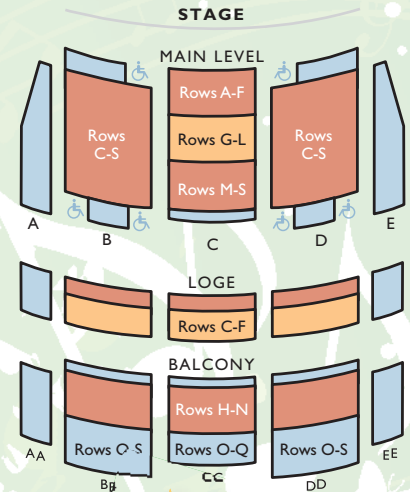
- Here's my e-mail address. Please send concert reminders, the e-newsletter and other late-breaking news.

E-MAIL:

The Great Falls Symphony Association will NOT share your e-mail address with ANYONE.

ALL SEATS RESERVED

\$110 \$135
 \$100 \$125
 \$90 \$115



NOTE: Single concert tickets are available through the Box Office: 455.8514 (After September 1)	Symphony Season Tickets						Chamber Music Series Season Packages			Youth Orchestra Fall & Spring Concert Package			TOTALS Add Subtotals Across
	Classic Series 6 Concerts			Premiere Series 6 Concerts + Nutcracker			Price	# Packages	Subtotal	Price	# Packages	Subtotal	
	Price	# Tickets	Subtotal	Price	# Tickets	Subtotal							
Reserved Seating I	\$110			\$135									\$
Reserved Seating II	\$100			\$125									\$
Reserved Seating III	\$90			\$115									\$
Students: All Seats	\$30			\$50									\$
Anytime Pack	\$65												\$
Chamber Series: Adult							\$50						\$
Chamber Series: Student							\$20						\$
Youth Orchestra: Adult										\$20			\$
Youth Orchestra: Student										\$10			\$

NAME (Please print) _____ ADDRESS _____ CITY / STATE / ZIP _____ DAYTIME PHONE _____ EVENING PHONE _____ CREDIT CARD NUMBER _____ EXP. DATE _____												SUBTOTAL \$ _____ ★ Family Discount Subtract \$5 ea. add. child \$ _____ I'd like to include a Donation \$ _____ Handling Fee \$ 5.00 GRAND TOTAL \$ _____
---	--	--	--	--	--	--	--	--	--	--	--	--

Discover
 MasterCard
 AmEx
 Visa
 VERIFICATION CODE for VISA _____

- Check Enclosed
- FULL PAYMENT
- 1/2 PAYMENT
Balance Due 9/15/09

Thanks For Your Support!

Mail Order Form To: Great Falls Symphony / P.O. Box 1078 / Great Falls, MT 59403

Fax: 453.9779

Need More Information? Call 453.4102

DT _____ CK \$ _____ CK# _____ ST \$ _____
 DT _____ CA \$ _____ NC \$ _____
 DT _____ CC \$ _____ CS \$ _____ YO \$ _____
 FD \$ _____

OFFICE USE ONLY