

Order your tickets!

Symphony Office
 #11 Third St. North . Davidson Plaza
 453.4102

To **guarantee** your same reserved seats or have first option to change seats, please order by **June 15, 2011**.

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 different seating before tickets go on sale to the general public: First, **renew** your current seats by **June 15**. Then, call 453-4102 or visit the **Symphony Office** anytime between **July 6 - 12, 9:30am - 4:00pm**.

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.

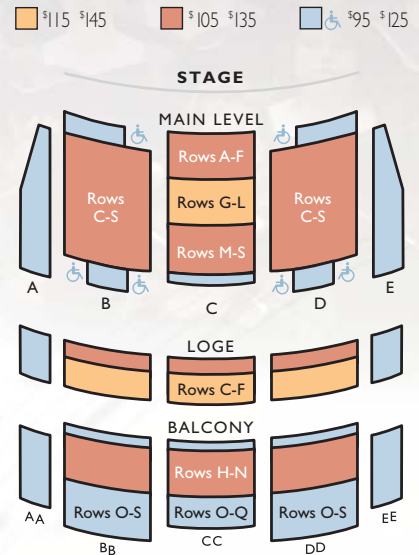
I WANT TO HEAR THE LATEST NEWS FROM THE SYMPHONY!

- 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



★ Includes Nutcracker!

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 All 7 Concerts			Price	# Packages	Subtotal	Price	# Packages	Subtotal	
	Price	# Tickets	Subtotal	Price	# Tickets	Subtotal							
Reserved Seating I	\$115			\$145									\$
Reserved Seating II	\$105			\$135									\$
Reserved Seating III	\$95			\$125									\$
Students: All Seats	\$30			\$50									\$
Anytime Pack	\$75												\$
Chamber Series: Adult							\$60						\$
Chamber Series: Student							\$25						\$
Youth Orchestra: Adult										\$20			\$
Youth Orchestra: Student										\$10			\$

SUBTOTAL												\$
★ Family Discount Subtract \$5 ea. add'l. child												\$
I'd like to include a Donation												\$
Handling Fee												\$ 5.00
GRAND TOTAL												\$

NAME (Please print) _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 DAYTIME PHONE _____ EVENING PHONE _____
 CREDIT CARD NUMBER _____ EXP. DATE _____

Discover MasterCard AmEx Visa

Mail Order Form To: Great Falls Symphony / P.O. Box 1078 / Great Falls, MT 59403 Fax: 453.9779 Need More Information? Call 453.4102

Check Enclosed
 FULL PAYMENT
 1/2 PAYMENT
 Balance Due 9/15/11

Thanks For Your Support!

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

OFFICE USE ONLY

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