

MASTER PLAYERS SEASON 2017-18 SUBSCRIPTION ORDER FORM

YOUR INFORMATION	
First Name	Last Name
Email Address	Street Address
City	State & Zip Code
Phone (Daytime)	Phone (Evening)

Enclosed is my tax-deductible gift of \$_____ in support of Master Players to honor _____ in memory of _____.

(Please make a separate check payable to the University of Delaware for donations and write "Master Players" in the memo line.)

MASTER PLAYERS SUBSCRIPTION OPTIONS	
<p>SIX Concert Subscription Tickets (15% discount off single ticket prices)</p> <p><input type="checkbox"/> Adults: _____ # of Six Concert Subscriptions @ \$127.50 = _____</p> <p><input type="checkbox"/> Seniors, Alumni, Faculty & Staff: _____ # of Six Concert Subscriptions @ \$102 = _____</p> <p><input type="checkbox"/> Students: _____ # of Six Concert Subscriptions @ \$51 = _____</p> <p>10/1: Stars of Baltimore 11/4: Shanghai Quartet 12/9: Holiday Pops 2/17: Franz Liszt 3/18: Royal Conservatoire of Scotland 4/28: Gao and Friends</p> <p><i>\$5 Holiday Pops tickets for children ages 5-14 not eligible for any subscription.</i></p>	<p>FIVE Concert Subscription Tickets (10% discount off single ticket prices)</p> <p><input type="checkbox"/> Adults: _____ # of Five Concert Subscriptions @ \$112.50 = _____</p> <p><input type="checkbox"/> Seniors, Alumni, Faculty & Staff: _____ # of Five Concert Subscriptions @ \$90 = _____</p> <p><input type="checkbox"/> Students: _____ # of Five Concert Subscriptions @ \$45 = _____</p> <p>Choose Five:</p> <p><input type="checkbox"/> 10/1: Stars of Baltimore <input type="checkbox"/> 11/4: Shanghai Quartet <input type="checkbox"/> 12/9: Holiday Pops <input type="checkbox"/> 2/17: Franz Liszt <input type="checkbox"/> 3/18: Royal Conservatoire of Scotland <input type="checkbox"/> 4/28: Gao and Friends</p> <p><i>\$5 Holiday Pops tickets for children ages 5-14 not eligible for any subscription.</i></p>
<p>Mail Order Form To: REP Box Office, Roselle Center for the Arts University of Delaware, Newark, DE 19716</p>	<p>Total Tickets Cost: _____</p> <p>Processing Fee (\$3/sub): _____</p> <p>TOTAL COST: _____</p>

PAYMENT INFORMATION	
<p><input type="checkbox"/> Check Enclosed <i>(Payable to the University of Delaware)</i></p>	<p><input type="checkbox"/> Charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Account Number: _____</p> <p>Expiration: _____ Security Code: _____</p> <p>Signature: _____</p>