

2014/2015 SEASON MPCS ORDER FORM

NAME _____ EMAIL ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE: DAYTIME _____ EVENING _____

MASTER PLAYERS CONCERT SERIES SINGLE TICKETS

		ADULTS	SENIORS/ALUMNI/ FACULTY/STAFF	STUDENTS
9/27:	1979	___ \$25	___ \$20	___ \$10
10/24:	String Quartet	___ \$25	___ \$20	___ \$10
11/7:	South African Jazz	___ \$25	___ \$20	___ \$10
12/6:	Canadian Brass	___ \$25	___ \$20	___ \$10
Children under 14 (limit 3 per adult ticket), _____ # of free tickets				

For Holiday Pops: Children under the age of 14 and accompanied by an adult receive free tickets.

A printed ticket is required for all audience members.

Free school tickets are also available. Please call 302-831-0039 for details.

		ADULTS	SENIORS/ALUMNI/ FACULTY/STAFF	STUDENTS
1/10:	Musical Families	___ \$25	___ \$20	___ \$10
2/14:	Saxophone Quartet	___ \$25	___ \$20	___ \$10
3/20:	Campus Chatter	___ \$25	___ \$20	___ \$10
3/21:	Campus Chatter	___ \$25	___ \$20	___ \$10
4/18:	iMusic 8	___ \$25	___ \$20	___ \$10
4/19:	iMusic 8	___ \$25	___ \$20	___ \$10
TOTAL TICKETS:				_____
PROCESSING FEE:				\$3.00
TOTAL COST:				_____

_____ Check Enclosed (Payable to the University of Delaware), or
_____ Charge my () Visa () MasterCard () Discover () American Express

ACCOUNT NUMBER _____

EXPIRATION DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

Enclosed is my tax-deductible gift in support of MPCS \$ _____

(Please make a separate check payable to the University of Delaware for donations.)

My gift is _____ anonymous and in honor _____ in memory _____ of _____

MAIL ORDER FORM TO:

REP BOX OFFICE

Roselle Center for the Arts
University of Delaware
Newark, DE 19716

2014/2015 SEASON MPCS ORDER FORM

ALL EIGHT CONCERT SUBSCRIPTION TICKETS

ADULTS: ____ # of Full Subscriptions @ \$152 = ____

SENIORS, ALUMNI, FACULTY and STAFF ____ # of Full Subscriptions @ \$120 = ____

STUDENTS: ____ # of Full Subscriptions @ \$56 = ____

Choose your performance date for Campus Chatter and iMusic 8:

____ 3/20: Campus Chatter

____ 3/21: Campus Chatter

____ 4/18: iMusic 8

____ 4/19: iMusic 8

SIX CONCERT SUBSCRIPTION TICKETS:

ADULTS: ____ # of Six Concert Subscriptions @ \$120 = ____

SENIORS, ALUMNI, FACULTY and STAFF ____ # of Six Concert Subscriptions @ \$96 = ____

STUDENTS: ____ # of Six Concert Subscriptions @ \$48 = ____

Choose six:

____ 9/27: 1979

____ 2/14:

Saxophone Quartet

____ 10/24: String Quartet

____ 3/20:

Campus Chatter

____ 11/7: South African Jazz

____ 3/21:

Campus Chatter

____ 12/6: Canadian Brass

____ 4/18:

iMusic 8

____ 1/10: Musical Families

____ 4/19:

iMusic 8

FOUR CONCERT SUBSCRIPTION TICKETS:

ADULTS: ____ # of Four Concert Subscriptions @ \$88 = ____

SENIORS, ALUMNI, FACULTY and STAFF ____ # of Four Concert Subscriptions @ \$72 = ____

STUDENTS: ____ # of Four Concert Subscriptions @ \$36 = ____

Choose four:

____ 9/27: 1979

____ 2/14:

Saxophone Quartet

____ 10/24: String Quartet

____ 3/20:

Campus Chatter

____ 11/7: South African Jazz

____ 3/21:

Campus Chatter

____ 12/6: Canadian Brass

____ 4/18:

iMusic 8

____ 1/10: Musical Families

____ 4/19:

iMusic 8

PROCESSING FEE: \$6.00

TOTAL: _____

____ Check Enclosed (Payable to the University of Delaware), or
____ Charge my () Visa () MasterCard () Discover () American Express

ACCOUNT NUMBER _____

EXPIRATION DATE: _____

SECURITY CODE: _____

SIGNATURE: _____

Enclosed is my tax-deductible gift in support of MPCS \$ _____

(Please make a separate check payable to the University of Delaware for donations.)

My gift is ____ anonymous and in honor ____ in memory ____ of _____