

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: (____) _____ E-Mail: _____

New Participant Returning Participant

SCHOOL INFORMATION

School District: _____ Phone: (____) _____

School Name: _____ Fax: (____) _____

Address: _____

Teaching Level(s): Elementary Middle School High School Other _____
 Area(s) of Teaching: Strings Choral Band General Other _____

CONCERT INFORMATION

Ticket Quantity: 1 2

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> ESM Friday, September 28 | <input type="checkbox"/> RPO Saturday, February 9 |
| <input type="checkbox"/> RPO Saturday, October 27 | <input type="checkbox"/> RPO Saturday, March 1 |
| <input type="checkbox"/> ESM Sunday, November 4 | <input type="checkbox"/> ESM Tuesday, April 1 |
| <input type="checkbox"/> RPO Saturday, November 17 | <input type="checkbox"/> RPO Saturday, April 26 |
| <input type="checkbox"/> ESM Tuesday, January 15 | |

*Please check those concerts/dates you wish to attend
 Choose a minimum of four (4) events, maximum of (6). Two (2) MUST be ESM.*

1. Administration Fee \$ 10.00

2. RPO Tickets: Total # of RPO tickets ordered: _____ X \$5.00 each = \$ _____
 Whenever you ordered two tickets for a concert, be sure you included payment for both tickets.

Grand Total (Administration Fee plus RPO tickets) \$ _____

**Mail this form along with your check or money order made payable to the
 Eastman School of Music to Paula Mamuschia
 ■ Music Education Department ■ 26 Gibbs Street ■ Rochester, New York 14604 ■**