

2005 Young People's Concert Reservation Form

Advanced reservations are encouraged due to how quickly these concerts have filled in the past. Seating will be assigned in the order reservations are received. All orders will be acknowledged in writing. If you do not receive written confirmation of your order, please call (407) 896-6700. **Tickets are \$5 per student, teachers, and chaperones. Payment is due two weeks prior to concert date reserved. Reservations are firm with complete payment.**

Make checks payable to:
The Orlando Philharmonic Orchestra

Detach and mail this form in the enclosed envelope to:

**Orlando Philharmonic Orchestra
 Attn: Elizabeth Napier
 812 E. Rollins St.
 Orlando, FL 32803
 or
 Fax: (407) 896-5512**

(you can fax your order with credit card information)

All concerts are held at Bob Carr Performing Arts Centre ♦ 401 W. Livingston St., Orlando

(check one)

- | | |
|---|--|
| <input type="checkbox"/> YPC I - Wednesday, September 28, 2005, 10:30 a.m. | <input type="checkbox"/> YPC II - Wednesday, September 28, 2005, 12:00p.m. |
| <input type="checkbox"/> YPC III - Thursday, September 29, 2005, 10:30 a.m. | <input type="checkbox"/> YPC IV - Thursday, September 29, 2005, 12:00 p.m. |
| <input type="checkbox"/> YPC V - Wednesday, October 19, 2005, 12:00 p.m. | <input type="checkbox"/> YPC VI - Wednesday, November 9, 2005, 12:00 p.m. |

(Please write your second choice here: _____)

School Name _____

Coordinator's Name _____

School Address _____ City _____

County _____ State _____ Zip _____

Email _____

School Telephone _____

Coordinator's Direct Telephone _____

Please Indicate Grade Level(s) Attending _____

Number of Students _____ Number of Teachers/Chaperones _____

Special seating needs (i.e. handicapped) _____

Please charge my credit card: Visa MC AE Discover

Acct. No. _____ Exp. Date _____

Signature _____

TOTAL NUMBER ATTENDING _____ TOTAL AMOUNT ENCLOSED _____

(number attending x \$5)

OFFICE USE ONLY: Received _____ DB _____ Paid _____ Invoice _____