

1) The Full Subscription! | 1 ticket to each concert in season.

	Adult		Student (1/2 Price)**		Total
Preferred Orchestra	_____ @ \$200 +		_____ @ \$100 =		\$ _____
General Orchestra	_____ @ \$180 +		_____ @ \$90 =		\$ _____
Balcony	_____ @ \$150 +		_____ @ \$75 =		\$ _____
Total Full Subscription Purchases: \$ _____					

2) The Classical Subscription! | 1 ticket to each classical concert in season (September, March, April.)

	Adult		Student (1/2 Price)**		Total
Preferred Orchestra	_____ @ \$130 +		_____ @ \$65 =		\$ _____
General Orchestra	_____ @ \$115 +		_____ @ \$57 =		\$ _____
Balcony	_____ @ \$100 +		_____ @ \$50 =		\$ _____
Total Classical Subscription Purchases: \$ _____					

3) The Pops Subscription! | 1 ticket to each pops concert in season (November, December.)

	Adult		Student (1/2 Price)**		Total
Preferred Orchestra	_____ @ \$90 +		_____ @ \$45 =		\$ _____
General Orchestra	_____ @ \$80 +		_____ @ \$40 =		\$ _____
Balcony	_____ @ \$70 +		_____ @ \$35 =		\$ _____
Total Pops Subscription Purchases: \$ _____					

4) Buy a Flex Pass! | 5 tickets to use at any concert (one per concert or multiple at the same concert. Subject to availability.)

	Adult		Student (1/2 Price)**		Total
Preferred Orchestra	_____ @ \$220 +		_____ @ \$110 =		\$ _____
General Orchestra	_____ @ \$195 +		_____ @ \$98 =		\$ _____
Balcony	_____ @ \$165 +		_____ @ \$83 =		\$ _____
Total Flex Pass Purchases: \$ _____					

Please alert the Wisconsin Philharmonic Office of your ticket choices at least 2 weeks prior to any performance.

5) Order Single Tickets! Number of tickets:

Number of tickets:

Adult Tickets	Sep	Nov	Dec	Mar	Apr	Student Tickets**	Sep	Nov	Dec	Mar	Apr	Total
Pref. Orchestra @ \$50						Pref. Orchestra @ \$25						\$
Gen. Orchestra @ \$45						Gen. Orchestra @ \$23						\$
Balcony @ \$40						Balcony @ \$20						\$

\*\*Please include copy of Student ID.

Total Single Ticket Purchases: \$ \_\_\_\_\_

6) Please Make a Contribution! | Ticket sales cover less than 1/4 of our costs. Your tax-deductible gift of any size will help us continue to bring you the highest quality concerts and educational programming that you've come to expect. NOTE: If your company has a matching gift program, please fill out the proper company form and send us a copy. Thank you for your support!

My company has a matching gift program.

Tax-Deductible Gift: \$ \_\_\_\_\_

**NOTE: Our September concert at the Rustic Manor is General Admission. Arrive early to pick your seats. SEATING IS LIMITED AND THE CONCERT IS EXPECTED TO SELL OUT FAST.**

Please continue onto the other side.

Mail Ticket Order Form To:

Wisconsin Philharmonic

PO Box 531

Waukesha, WI 53187-0531



# 18-19 TICKET ORDER FORM

Wisconsin Philharmonic  
PO Box 531  
Waukesha, WI 53187-0531

**FOR OFFICE USE ONLY:**

Seats: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

P: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Questions? Contact the Wisconsin Philharmonic Office

Office Hours: M-F 9am-4pm

(262) 547-1858 | office@wisconsinphilharmonic.org

www.wisphil.org

TOTAL | Your ticket purchases, contributions, and indicated preferred payment option.

	Total:
1) Full Subscriptions	\$
2) Classical Subscriptions	\$
3) Pops Subscriptions	\$
4) Flex Passes	\$
5) Single Ticket Purchases	\$
6) Tax-Deductible Contribution	\$
Order Handling Fee	\$5.00
<b>GRAND TOTAL DUE:</b>	<b>\$</b>

Check payable to "Wisconsin Philharmonic" is enclosed.

Pay with Credit Card (Circle One)

VISA    MasterCard

Card Number:

Wisconsin Sales Tax of  
5.1% is included in the price  
of each ticket purchased.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name On Card: \_\_\_\_\_

Expires: \_\_\_\_\_ 3-digit CSC: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please include your telephone number in case there is a question about your order.*

*Please share your email address to receive timely information. We do not share our email list with others.*

Would you like the same seats as last season?       Yes       No

Seating Preferences? (wheelchair, aisle, etc.) \_\_\_\_\_

Wish to be seated with someone? Their names: \_\_\_\_\_

*We will do our best to accommodate all of your seating preferences.*

Please continue onto the other side.