

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

| | | | |
|---|---------------------|----------------|--|
| Preferred Orchestra | Adult _____ @ \$210 | Total \$ _____ | Concerts Included: Sept. 26th, Nov. 2nd Dec. 8th, Feb. 9th April 19th |
| General Orchestra | _____ @ \$195 | \$ _____ | |
| Balcony | _____ @ \$180 | \$ _____ | |
| Total Full Subscription Purchases: \$ _____ | | | |

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

| | | | |
|-------------------------------------|---------------------|----------------|--|
| Preferred Orchestra | Adult _____ @ \$210 | Total \$ _____ | Concert Options: Sept. 26th, Nov. 2nd Dec. 8th, Feb. 9th April 19th |
| General Orchestra | _____ @ \$195 | \$ _____ | |
| Balcony | _____ @ \$180 | \$ _____ | |
| Total Flex Pass Purchases: \$ _____ | | | |

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

3) Order Single Tickets!

REMINDER – New this season: Single ticket purchases to concerts being held at the Sharon Lynne Wilson Center will be sold solely through their box office. Wilson Box Office: Mon-Fri 11am-6pm, 262-781-9470, boxoffice@wilson-center.com. Wisconsin Philharmonic Box Office will only take subscriptions, flex passes, and single ticket orders for the September and December concerts.

| General Admission / Adults | # of Tickets | Total | Student Tickets - \$10 / concert** | # of Tickets | Total |
|----------------------------|--------------|-------|------------------------------------|--------------|-------|
| Sept. "Sinfonia" \$50 | | \$ | Sept. "Sinfonia" | | \$ |
| Dec. "First Noel" \$30 | | \$ | Dec. "First Noel" | | \$ |

Nov & Dec are considered 'pops' concerts. Sept, Feb & April are 'classical' concerts.

Senior & Veterans Discounts Available, Please Contact Office.

**Please include copy of Student ID.

Total Single Ticket Purchases: \$ _____

4) "Yes, I Would Like To Help" | 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: General Admission (GA) Concerts

September is GA for everyone. Seating is limited.

December - Those who hold a type of subscription will have reserved seating in their usual, Shattuck seats. Single ticket purchases will be general admission and should arrive early to pick their seats.

Should you need special seating requirements at these concerts, like aisle or handicap, please make sure to indicate your needs on the line on the front of the form.

Please continue onto the other side.

Mail Ticket Order Form To:

Wisconsin Philharmonic

PO Box 531

Waukesha, WI 53187-0531



Wisconsin Philharmonic

2019-2020 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-3pm

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

www.wisphil.org

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

| | Total: |
|--------------------------------|-----------|
| 1) Full Subscriptions | \$ |
| 2) Flex Passes | \$ |
| 3) Single Ticket Purchases | \$ |
| 4) Tax-Deductible Contribution | \$ |
| Order Handling Fee | \$5.00 |
| GRAND TOTAL DUE: | \$ |

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 and email in case there is a question about your order.

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.