

THE BARD AND THE BAND!

2011-2012 Concert Season

TICKET ORDER FORM

All subscription packages may be ordered by:
 MAIL: Complete and return to PO Box 461204, Garland, TX 75046.
 PHONE: Call the office at 972.926.0611
 FAX: Fax your completed order form to 972.926.0811.
 Or you may stop by the Garland Symphony Orchestra office
 1919 S. Shiloh Rd., Garland, TX 75042

Name: _____
 Address: _____
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Please Select One:

- Please mail my ticket(s) to the above address
 - I will pick my ticket up at Will Call via the above name
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- *Tickets ordered the week of a concert must be picked up at Will Call.

Choose a payment option:

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	<u>A</u>	<u>B</u>	<u>C</u>	<u>Quantity</u>	<u>Section</u>	<u>Total</u>
Single Ticket	35.00	25.00	15.00	x _____	x _____	= \$ _____

Date of Concert: _____

<u>Concert I</u>	<u>Concert II</u>	<u>Concert III</u>	<u>Concert IV</u>
October 21, 2011	November 18, 2011	December 16, 2011	January 20, 2012
<u>Concert V</u>	<u>Concert VI</u>	<u>Concert VII</u>	<u>Concert VIII</u>
February 17, 2012	March 16, 2012	April 20, 2012	May 11, 2012

*The seating charts can be found online at www.GarlandSymphony.org

How did you hear about us?

FOR GSO OFFICE USE ONLY

Seats Assigned _____ DB _____ PYMT _____ CHT _____ CONF _____ Donation _____ TCKT(s) Mailed _____ Filled By _____



Did You Know?

Income generated through ticket sales provides only **37%** of the cost of presenting the Garland Symphony Orchestra Subscription Season. Therefore, we need additional support. **Won't you please consider an additional tax-deductible donation to our Annual Fund?**

***Contributions of \$100 or more are recognized in each concert program.**
Please be sure to list your name as you would like it to appear in the program.

*I wish to add a tax-deductible contribution to the
Garland Symphony Orchestra in the amount of: \$ _____*

Name: _____
Address: _____
City: _____ State _____ Zip _____
Email: _____
Home Phone: _____
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GSO does not share personal information.

Choose a payment option:

- Check is enclosed made payable to the Garland Symphony Orchestra
- AMEX Discover MasterCard Visa

Card Number: _____ Exp: _____
Name on Card: _____
Signature: _____

Please complete form, include payment or credit card information, and mail to:

Garland Symphony Orchestra
PO Box 461204
Garland, TX 75046

Please call 972.926.0611 with any questions.

*Donations may also be faxed with credit card payment to
972.926.0811*

Info@GarlandSymphony.org

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Check# _____ Date Paid _____ Thank You _____ Patron ID # _____

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GARLAND SYMPHONY ORCHESTRA
Robert Carter Austin, conductor