## 2016-2017 Signature Season Order Form

Ticket Office Representative: \_\_\_\_\_\_ Date: \_\_\_\_

Salutation						
Ticket Holders' Name						
Address						
City	State Zip		Telephor	Telephone		
Email						
☐ Current Subscriber ☐ New	, Subscriber					
= carrent subscriber = rev	Judgenber			First Chair Soc	ietv	
THE CREDIT UNION POPS	Signa	Signature Classics		Membership in the First Chair Society is a premier package for donors who wish to		
Please check one:				enjoy a privileged rel artistic director and c	ationship with our onductor, guest artists	
☐ Friday ☐ Saturday	Friday Saturday Saturday Performance Only		,	and members of the orchestra. Membership benefits include (2) tickets for either the		
enewing your current seats? Renewing y		your current seats?		Pops or Classics season, reserved parking		
Yes No		s No		for each event and a exclusive receptions.	•	
Number of seats requested:	_ Number o	of seats requested:		Additional information is needed for First		
Seating change request:	Seating ch	change request:		Chair Society memberships to ensure that all benefits are communicated to this		
1st selection	_ 1	st selection		special donor group.		
2nd selection	_   2	2nd selection		Tia Hall at 918-595-7844 or mautia.hall@tulsacc.edu.		
Special Seating Requests:				First ChairLeve	els	
☐ Wheelchair seating – Reserves (1) spot in the wheelchair area and				Maestro: \$5,000 or more  Concertmaster: \$2,500 or more		
(1) Companion Seat.				First Chair Plus: \$1,500 or more		
Aisle seating due to medical reas	ons – Please desc	ribe medical situation	n. [	First Chair: \$1,000 or	more	
Othor				_		
Other				Pops	\$	
Payment Method:				Classics	\$	
Check enclosed. Check #	Amount _			Donation	\$	
☐ VISA ☐ MasterCard	Discov	er		Handling Fee	\$6.00	
Credit card #				<b>Grand Total</b>	\$	
Expiration date: Billi	ng Address Zip Co	ode				
		OFFICE USE ONLY				
Seat Assignment:		Account Number:				