

# 2016-2017 Signature Season Order Form

Salutation \_\_\_\_\_

Ticket Holders' Name \_\_\_\_\_  
(PLEASE PRINT)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

Current Subscriber     New Subscriber



Please check one:

Friday     Saturday

Renewing your current seats?

Yes     No

Number of seats requested: \_\_\_\_\_

Seating change request:

1st selection \_\_\_\_\_

2nd selection \_\_\_\_\_

## Signature Classics

Saturday Performance Only

Renewing your current seats?

Yes     No

Number of seats requested: \_\_\_\_\_

Seating change request:

1st selection \_\_\_\_\_

2nd selection \_\_\_\_\_

### Special Seating Requests:

Wheelchair seating – Reserves (1) spot in the wheelchair area and (1) Companion Seat.

Aisle seating due to medical reasons – Please describe medical situation.

\_\_\_\_\_  
 Other \_\_\_\_\_

### Payment Method:

Check enclosed. Check # \_\_\_\_\_ Amount \_\_\_\_\_

VISA     MasterCard     Discover

Credit card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

### First Chair Society

Membership in the First Chair Society is a premier package for donors who wish to enjoy a privileged relationship with our artistic director and conductor, guest artists and members of the orchestra. Membership benefits include (2) tickets for either the Pops or Classics season, reserved parking for each event and a special invitation to exclusive receptions.

Additional information is needed for First Chair Society memberships to ensure that all benefits are communicated to this special donor group. Please contact Tia Hall at 918-595-7844 or [mautia.hall@tulsacc.edu](mailto:mautia.hall@tulsacc.edu).

### First Chair Levels

**Maestro:** \$5,000 or more

**Concertmaster:** \$2,500 or more

**First Chair Plus:** \$1,500 or more

**First Chair:** \$1,000 or more

<b>Pops</b>	\$ _____
<b>Classics</b>	\$ _____
<b>Donation</b>	\$ _____
<b>Handling Fee</b>	\$ <u>6.00</u>
<b>Grand Total</b>	\$ _____

### OFFICE USE ONLY

Seat Assignment: \_\_\_\_\_ Account Number: \_\_\_\_\_

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