



Ticket Order Form

Please note: We will not be mailing out paper tickets. Instead, we will have your name on a list when you check-in at the door.

Fax this form to **(941) 487-4680** or **Mail** it to us at

**New Music New College Tickets
New College Foundation
The Keating Center
5800 Bay Shore Road
Sarasota, FL 34243**

Payment Information

Check enclosed payable to New College Foundation (Memo line: New Music New College Fund)

Credit Card: Mastercard Visa AMEX

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____

Billing Address and Contact Information (Required)

Name(s): _____

Mailing Address: _____

City, State, ZIP: _____

Phone: (____) _____

Email: _____

Mailing Address (if different than above)

Address: _____

City, State, ZIP: _____

Season Tickets: \$60

Includes admission to all five concerts (one of the Dis/Embodied performances, please check which date). Each subscriber gets one free extra ticket to a performance of his/her choice. Phone us to reserve it.

Number of Season Tickets _____ x \$60 = \$ _____ Dis/Embodied date: 11/17 11/18 11/19

Single Tickets: \$15

Amernet: Schoenberg, October 7 _____

Dis/Embodied, Friday, Nov. 17 _____ Saturday, Nov. 18 _____ Sunday, Nov. 19 _____

Lerner/Filiano/Grassi, January 20 _____

It's Alive: A Monstrous Circus On *Frankenstein*, Sunday, March 4 _____

Dither, April 21 _____

Number of Single Tickets: _____ x \$15 = \$ _____

Donation (your tax-deductible gift helps us sustain our program) \$ _____

Grand Total \$ _____