



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 *Tigers* 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 = \$ _____ *Tigers* date: 2/15 2/16 2/17

Single Tickets: \$15

Sō Percussion, October 6 _____

Inter/Action, November 10 _____

Ensemble Dal Niente, January 26 _____

Tigers Above and Tigers Below, Fri., Feb. 15 _____ Sat., Feb. 16 _____ Sun., Feb. 17 _____

Wet Ink, April 27 _____

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

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

Grand Total \$ _____