



Ticket Order

Capitol Chordsmen Chorus

Annual Show April 5, 2008
<http://communities.madison.com/chord>

Here's my ticket order for the show time indicated (*check one*). Please assign **best available** seats.

<input type="checkbox"/> 2:30 p.m. <input type="checkbox"/> 7 p.m. show

Adult _____ x \$20* _____
Student _____ x \$12 anytime _____
Group (10 or more) _____ x \$17 ea. anytime _____

TOTAL ENCLOSED \$ _____
Make checks to **Capitol Chordsmen Chorus**

**Reflects \$2 discount for early purchase.*

Special seating requests? (*Check if applicable*) Wheelchair* Aisle
** The Performing Arts Center is fully handicap-accessible.*

TICKET DELIVERY

Please (check one)

<input type="checkbox"/> mail me my tickets <input type="checkbox"/> hold at Will Call
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** Orders must be received at least 3 days before the show or they will be held for you at Will Call..*

Name _____ P.O. Box/Apt. #? _____

Street Address _____

City _____ State _____ Zip _____

Become a Friend of the Chordsmen! Sign up for periodic announcements (about 4-6 a year) about upcoming Chorus performances and activities. Your email address will not be shared with any other individuals or organizations and you can unsubscribe anytime.

Email Address _____ @ _____

Please tell us how you heard about the show.

Poster/leaflet Ben Benedetti radio TV
 Newspaper Other radio Chordsman
 Email Chorus Web site Other (please identify):

Please let others know about this show!

Mail to: **Capitol Chordsmen Chorus. P.O. Box 45375, Madison, WI 53744-5375**

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You may wish to make a copy of this page or save this section for your records.

Check # _____ Date _____ Mailed _____ to Capitol Chordsmen Chorus, P.O. Box 45375, Madison, WI 53744-53775. Ticket Phone Line **608/798-2553.**