

AMARILLO SYMPHONY

Concerts for Young People – *Ellis Island: The Dream of America*
Reservation Form



TELL US ABOUT YOUR GROUP

School _____

Address _____

Teacher _____ Phone _____

Email _____

Does anyone in your group have special seating needs? _____

CHOOSE PREFERRED CONCERT

Please rank performance times in preferred order of attendance. We will do our best to accommodate each school's No. 1 choice.

WEDNESDAY, JANUARY 6, 2010

Sold Out 9:30 a.m.

_____ 10:45 a.m.

Sold Out 1 p.m.

THURSDAY, JANUARY 7, 2010

Sold Out 9:30 a.m.

_____ 10:45 a.m.

Sold Out 1 p.m.

SECURE YOUR SEATS

Payment must be received in order to secure seats for your group.

Number of students _____ x \$2 = \$ _____

Number of chaperones _____ x \$0 = \$ 0

Total amount due \$ _____

PAYMENT TYPE

_____ Check _____ Please Invoice Me _____ Credit Card

_____ *Credit Card Number*

_____ *Expiration Date*

_____ *Name as it appears on card*

Return completed reservation form to: **Amarillo Symphony, P.O. Box 2586, Amarillo, TX 79105-2586**