ORDER FORM ONE FORM FOR EACH EVENT (please copy if needed)

PATRON INFORMATION

School _____ Patron No. (from mailing label) _____

Contact Person _____ Position _____

School Address _____ ☐ Please check box if this is a NEW address
(for billing purposes)

School Address _____ **TYPE OF SCHOOL** ☐ Public ☐ Private ☐ Home

City _____ Zip Code _____ County _____

School System _____ Grade Level(s) _____

School Phone ( ) _____ Fax ( ) _____

Home Phone( ) _____ E-mail Address _____

# of Disabled Students _____ Nature of Disability _____

The SCHOOL REPRESENTATIVE is responsible for notifying the ASO Education Department in writing (mail, e-mail or fax) of any changes to the reservation before the payment deadline. Notice of cancellation must be made **1 MONTH** before the scheduled concert. Cancellations made less than 1 month in advance will require full payment.
NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS MADE AFTER THE ONE MONTH PAYMENT DEADLINE.

CONCERT DATE CHOICES (Please check one) ☐ Symphony Street ☐ Discover ☐ neXt Generation

CHOICE	DATE	TIME
First		
Second		
Third		

CONCERT DATE	PAYMENT DEADLINE
Oct. 15, 2002	[Payment due with reservation]
Oct. 16, 2002	
Nov. 26, 2002	
Dec. 3, 2003	Nov. 1, 2002
Feb. 11, 2003	Jan. 11, 2003
Feb. 12, 2003	Jan. 11, 2003
Feb. 25, 2003	Jan. 20, 2003
March 11, 2003	Feb. 7, 2003
March 12, 2003	Feb. 7, 2003
May 13, 2003	April 18, 2003

PAYMENT (Seats are $5 each. One FREE seat will be allotted for every 20 paid.)

Total number of Students _____ **+** Total number of chaperones, teachers, etc. _____ **=** Total attending ____

Total attending _____ **divided** by 20 = _____ Total # of free tickets (round down – example: 5.8 = 5)

Total attending _____ **minus** Total # of free tickets _____ **=** _____ **x $5.00 =** _____ **AMOUNT DUE**

☐ **LUNCH SPACE** requested @ _____ o'clock for _____ # of attendees (not to exceed 150).
This request is filled on a first come first served basis. You will be notified whether we can accommodate your group.

*I understand that if payment is not received by the Atlanta Symphony Orchestra ONE MONTH PRIOR to the concert date, the seats I have reserved will be released for sale to other groups.

_____
Principal signature (required)

METHOD OF PAYMENT

☐ Bill me (for December through May reservations only)

☐ Check enclosed, payable to Atlanta Symphony Orchestra. Check must accompany reservations made for October and November concerts. Reservation and check must be received by payment deadline. One check per group, no staples please.

Credit Card: ☐ AMEX ☐ MasterCard ☐ Visa ☐ Discover

Card Number _____ Exp. date _____ Name on Card _____ Authorized Signature _____

Mail Order to: Young People's Concerts, Atlanta Symphony Orchestra, 1293 Peachtree St. NE, Suite 300, Atlanta, GA 30309-3552
Fax Order to: 404.733.4901 **E-mail Order to:** youngpeoplesconcerts@woodruffcenter.org
Questions? Please e-mail to the address above or call **404.733.4871**