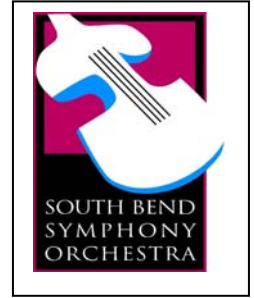


South Bend Symphony Orchestra 2011-2012 Group Sale Order Form

STEP 1: Please Print Your Information:

Mr./Mrs./Ms.: _____
 Name: _____
 Company/Group: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 E-Mail: _____



STEP 2: Select Your Concert: **Save 25% on Adult Tickets**

Adult prices include 25% discount from single ticket prices and are available for groups of 10+ people.

_____ Masterworks
 _____ Pops
 _____ June H. Edwards Chamber Series
 _____ Family
 _____ Holiday (Saturday)
 _____ Holiday (Sunday)

List Concert(s) and Date(s)

STEP 3: Select Where You Will Sit: **Save 25% on Adult Tickets**

Adult prices (listed below) include a 25% discount from single ticket prices and are available for groups of 10+ people. There are no additional discounts available for students. Current employees of Corporate Sponsors are eligible for a 50% discount off the price of a regular adult ticket. Please ask for details.

	Mezzanine	Section A	Section B	1 st Balcony	Section C	Section D	QTY#	
Circle desired price(s)								
Masterworks	N/A	\$37.50	\$28.00	\$28.00	\$20.00	\$16.00	_____	\$_____
Pops	N/A	\$37.50	\$28.00	\$28.00	\$20.00	\$16.00	_____	\$_____
Chamber		**Reserved Seating—All Seats \$24.00**					_____	\$_____
Family								
Holiday	N/A	\$30.00	\$22.50	\$22.50	\$16.00	\$16.00	_____	\$_____
Circle desired price(s)								
		Student Ticket Prices						
Masterworks	N/A	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	_____	\$_____
Pops	N/A	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	_____	\$_____
Chamber		**Reserved Seating—All Seats \$8.00**					_____	\$_____
Family								
Holiday	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	_____	\$_____

STEP 4: Payment:

- Check enclosed, payable to South Bend Symphony Orchestra
 Check enclosed, payable to South Bend Symphony Orchestra, for 50% now and the balance of \$_____ due on _____ (two weeks prior to the concert date).
 Please charge my Visa Mastercard
 Please charge my card 50% now and the balance of \$_____ due on _____ (two weeks prior to the concert date).

Card No. _____ Expiration ___/___

Card Holder's Signature _____ 3-digit CVV code: _____ (from back of card)

****Prices include a \$2.75 per ticket Concert Hall Surcharge implemented by the facility for capital improvements****

GRAND TOTAL \$ _____

STEP 5: Place your order:

Mail your form: South Bend Symphony Orchestra, 127 N Michigan St, South Bend, IN 46601

Order by phone or call with questions: 574-232-6343