

2007 – 2008 Season Order Form

Your Contact Information: (please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

I would like to make a tax deductible contribution.

How do you wish for your name to be listed?

The Catacoustic Consort is a 501(c)(3) Non-Profit Organization.

Select Your Season Ticket Package:

Series Package	Price	Number	Total
Full Series*	Attend all 6 Concerts	\$120 x	_____ \$ _____
	<i>(Save \$20 off \$140 single ticket price)</i>		
Pick 5*	Attend any 5 Concerts	\$105 x	_____ \$ _____
	<i>(Save \$15 off \$120 single ticket price)</i>		
Pick 4	Attend any 4 Concerts	\$75 x	_____ \$ _____
	<i>(Save \$5 off \$80 single ticket price)</i>		

Subtotal : \$ _____

Tax Deductible Donation : \$ _____

Total Enclosed : \$ _____

*(Includes Premium Seating for the September & December concerts)

Payment Options

I have enclosed a check made payable to The Catacoustic Consort.

Please charge my Master Card Visa Card

Credit Card # : _____ Exp Date : _____

Name (as appears on card) _____

Detach and Mail Along with Check to:

The Catacoustic Consort
320 E. Sharon Avenue
Cincinnati, OH 45246

www.catacoustic.com