

Family Ticket Reservation Form for
Holiday Collage Concert
 Thursday, December 10 at 7:30 PM

Student Name: _____

Please provide the following information to confirm reservations:

Parent Name: _____

Email: _____ Phone: _____

Tickets Needed:

	#		Total Cost
Adults		x \$3	\$
Students/Seniors		x \$2	\$
GN Students with ID/8 th Grade & Under		x \$0	\$ -0-
Total # of tickets		Grand Total Cost	

_____ Please check here if **District 87 Activity Pass holder – no payment required.**

If applicable, also check the following:

_____ Maestro Member
 (Maestro Members have priority seating)

_____ Solo or Ensemble Member
 (These members have priority seating after Maestro Members)

Indicate any special needs (i.e., wheelchair access, A/V impairment):

All ticket orders due Tuesday, December 1.

After Dec. 1, please feel free to purchase tickets from the box office during lunch periods.

Tickets will be distributed to students the week of the concert.

Return your order to Mrs. Johnson or Ms. Whisnant by Dec. 1.