

Special Instructions:

- Balcony
- Wheelchair
- Other

**TICKET ORDER FORM**  
**"Sounds of Spring" Concert**  
 Saturday, May 19, 2012 7:00 pm  
 Cuyahoga Falls High School Auditorium

Office use only

Location: \_\_\_\_\_

Sent: \_\_\_\_\_

Adults

Students

Group 5-Packs

# \_\_\_\_\_ @ \$10.00

# \_\_\_\_\_ @ \$5.00

# \_\_\_\_\_ @ \$35.00

Total \$ \_\_\_\_\_

Plus Handling charge per order:     \$ 3.00    

Total # Tickets Needed \_\_\_\_\_

TOTAL AMOUNT DUE     \$ \_\_\_\_\_    

Please complete this entire form and attach your cash or check for payment. If you prefer to use your credit card please complete the appropriate blanks below.

Name of SCS Singer (if applicable) \_\_\_\_\_ (Circle): Coventry West Akron Ellet Level \_\_\_\_\_ Time \_\_\_\_\_

Name of ticket purchaser \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Method of Payment:  Cash       Check # \_\_\_\_\_       VISA       MasterCard

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing Address:  (check if same as above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about this concert? \_\_\_\_\_