

ORDER FESTIVAL TICKETS NOW!

Some events have limited seating, so please order early! Concert tickets are \$25, Symposium tickets are \$5, Series Tickets are \$135. A Student ticket to any event is \$5, or a Series ticket is \$30. Please write "Student" on the order blank and pay accordingly.

Please send me Series Tickets (all concerts and symposia & one Program Book for \$135)
or Concert Tickets (\$25 each)

_____ **Series Tickets**

_____ tickets to **Opening Concert**

Friday, May 24, 8:00 pm, Grace Episcopal Church

_____ tickets to **Songs and Sonatas**

Saturday, May 25, 3:00 pm, Caldwell-Carvey Foyer, Southwestern University

_____ tickets to **Orchestra Concert**

Sunday, May 26, 4:00 pm, Alma Thomas Theatre, SU (Lecture at 3:15)

_____ tickets to **Chamber Concert**

Friday, May 31, 7:00 pm, Caldwell-Carvey Foyer

_____ tickets to **Salon Concert**

Saturday, June 1, 2:00 pm, First Presbyterian Church

_____ tickets to **Missa Solemnis**

Sunday, June 2, 4:00 pm, Alma Thomas Theater, SU (Lecture at 3:15)

Series or Concert Ticket Total \$ _____

(Note: the Mid-week Concert on May 28 and film showing on May 31 are free, donation requested.)

Please send me Symposium Tickets (\$5.00 each)

_____ tickets to **Symposium I**, Friday, May 24, 1:00 pm, Palace Theatre

_____ tickets to **Symposium II**, Saturday, May 25, 10:00 am, Caldwell-Carvey Foyer

_____ tickets to **Symposium III**, Tuesday, May 28, 2:00 pm, Caldwell-Carvey Foyer

_____ tickets to **Symposium IV**, Thursday, May 30, 2:00 pm, Caldwell-Carvey Foyer

Symposium Ticket Total \$ _____

Advance order: _____ **Program Book(s)** \$10.00 each **Program Book Total \$** _____

I also want to support the Georgetown Festival of the Arts!

Donations are tax-deductible. Donors of \$100 or more above the cost of tickets will be invited to a reception to meet performers and presenters on **Friday, May 24**.

Donation \$ _____

If your donation is eligible for a matching grant, please give the name of your company:

TOTAL AMOUNT \$ _____

Payment

_____ **Check** enclosed, payable to Georgetown Festival of the Arts

_____ **Visa or MasterCard**: Exp. Date _____ Acct. # _____

Signature _____ CCV # _____

(3-digit number on back of card)

PRINT name as it appears on card _____

If making a donation, Name for Program Book _____

(Please PRINT name(s) as you want to be listed in the Program Book.)

Address _____

City/State/Zip _____

Home/Work Phone (_____) _____ Cell (_____) _____

Email Address _____

Ticket sales are non-refundable.

Mail to: Festival of the Arts, P.O. Box 846, Georgetown, TX 78627