



R. Scott King, President

Scott Terrell, Music Director & Conductor

Allison Kaiser, Executive Director

OCTOBER 17, 2014 DISCOVERY CONCERT RESERVATION AGREEMENT

School / Group: _____ Date: _____

Address: _____ Email: _____

City _____ State _____ Zip Code _____

Contact Phone: _____ Contact Fax: _____

Contact Name: _____ Grade Levels Attending: _____

Transportation: (please check one)

Bus Van/Car Walk

Of Buses _____

Please list any special needs: _____

Music Builds

Date:

October 17, 2014

of Seats Requested:

Students _____

Adults _____

Total # of Seats _____

Time:

10:00 a.m.

11:30 a.m.

Amount Due:

Total # of Children _____ x \$4.00 = _____

Total # of Adults _____ x \$5.00 = _____

Method of Payment:

Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Signature: _____

Check included - Please make checks payable to: **Lexington Philharmonic**

Performance Location: Lexington Opera House

Located at the corner of Short St. and Broadway, Lexington, Kentucky

Agreements must be signed and returned to the Lexington Philharmonic as soon as possible to ensure your reservation. Deadline is October 6, 2014. Late forms will be accepted as space allows. Invoices will be sent upon receipt of this agreement. Payment in full will be required by the performance date. Cancellation of a reservation or alterations to the seat count will only be accepted until October 13, 2014 as available.

The individual listed below acknowledges his/her authority to legally enter into this agreement on behalf of his/her school or organization.

Signature

Title

Date

Submit agreement via regular mail, fax, or e-mail to tickets@lexphil.org