PRINTABLE ORDER FORM

2009-10 Series Membership and Tickets

This form may be used to purchase Series Membership or individual concert tickets. Complete the form and mail it to the address below:

Clarksville Community Concert Association
P.O. Box 210
Clarksville, TN 37041-0210

Name: _____
Last First

Address: _____
Street City, State, Zip Code

Telephone: Home (____)_____Work: (____)_____

Email Address: _____

TYPE OF SUBSCRIPTION (Please Circle) Adult Family Youth

Names of Family Members: _____

(5 Concerts)

FAMILY (including up to four children) ☐ Check for Family Payment Plan of 6 payments of $50	$300
ADULT	$100
YOUTH	$50

Total number of memberships: _____

Total renewals: _____ Total new subscriptions: _____

Additional tax-deductable donations $_____ (does not include price of ticket(s) purchased) Patron $25, Donor $50, Friend $100, Benefactor $250, Corporate $500, Underwriter $1000

TOTAL AMOUNT ENCLOSED $_____ DATE: _____

Checks should be made payable to the Clarksville Community Concert Association (or CCCS) and mailed with completed form to P.O. Box 210, Clarksville, TN 27041-0210 prior to August 31, 2009.