

Rockford Symphony Orchestra

YOUTH CONCERT RESERVATION AND PAYMENT FORM

“Pictures at an Exhibition”

Friday, April 23, 2010

CORONADO Performing Arts Center

Mail to: Lorie Langan, Education Director
Rockford Symphony Orchestra
711 North Main Street
Rockford, IL 61103
Phone: (815) 965-0049; Fax (815) 965-0642

Checks payable to:
Rockford Symphony Orchestra

**Reservation form may be mailed or faxed prior to payment.
Payment due on or before April 16, 2010.**

Number of students _____ @ \$4 each Total \$ _____

Number of teachers/chaperones _____
(one for every 10 students at no charge)

Number of **additional** chaperones @ \$4 each _____ Total \$ _____

Total enclosed \$ _____

Total amount to be sent by April 16 \$ _____

Which performance do you prefer? Reservations are filled on a first-come-first-served basis. Teaching packets will be available electronically by February 1, 2010.

9:45-10:35 _____ 11:15-12:05 _____ # buses _____ # cars _____

Name of school _____ Mailing address _____

City/State _____ Zip _____

Name and position of person making reservation _____

email _____ (this will be our primary means of contact; please do not omit)

School phone _____ School fax _____

Best days and times to call: M T W Th F Times _____

Please indicate any special needs students you might be bringing with you. We will do our best to accommodate them.
