

## CWU Performing Arts and Presidential Speaker Series Season Subscription Order Form

Please print out this form and fill in the required information. If faxing, please include credit card information and signature and fax this form to **CWU Campus Life Accounting Department at 509-963-1894**. The phone number is 509-963-3488. If mailing, please include credit card information or make check payable to **CWU Performing Arts Series** and mail to:

CWU Campus Life Accounting Department  
400 E. University Way  
Ellensburg, WA 98926-7452

Season Pass	Cost of Season Ticket or Package	Price for CWU faculty and staff member, or exempt employees	# of Tickets
Priority seating for all events*	\$190	\$180	
General seating for all events*	\$144	\$136	
Priority seating for Kennedy, Ott, Cousteau, and Cardiff	\$72	\$64	

\* Please indicate preferred performance date for Blankity-Blank: \_\_\_\_\_

As a season subscriber benefit, you may order single tickets to any event before public offering on July 1:

Event	Date and Time	Reserved	General Admission	Student	# of Tickets (please circle level of ticket you would like)
Cardiff	10/03/06 7pm	NONE	\$7	Free	
Seattle Symphony	10/19/06 7 pm	\$45	\$35	\$20	
Kennedy	11/02/06 7:30pm	\$25	\$15	Free	
Holiday Showcase	12/10/06 4 pm	NONE	\$12	\$6	
Blankity-Blank	Jan. 25-27 & Feb. 1-3, 2007 7pm and Feb. 4, 2007 2pm <b>(Please indicate preferred performance date: _____ )</b>	NONE	\$12	\$6	
Ott	1/31/07 7:30pm	\$15	\$7	Free	
Stravinsky	2/25/07 4 pm	NONE	\$7	Free	
Ailey II	3/6/07 7 pm	\$45	\$35	\$20	
Cousteau	4/17/07 7:30 pm	\$25	\$15	Free	
McFerrin	4/30/07 7 pm	\$45	\$35	\$20	
Sousa	6/2/07 7 pm	NONE	\$7	Free	

<b>Season Ticket Subtotal:</b>	\$
<b>Single Ticket Subtotal:</b>	\$
<b>Contribution**</b>	\$
<b>Total:</b>	\$

\*\*Ticket Sales pay for only a portion of what it takes to have world-class performances at CWU. Your contributions will help continue to make it possible to bring these artists to Ellensburg. Please see Sponsorship Levels and Benefits on Web site or call Julie Cloninger at 509-963-1489 for more information.

Address and Credit Card Information: Orders cannot be processed without payment information. Please order carefully; there will be no refunds.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Check enclosed       Credit Card:     Mastercard                       Visa

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 digit security code (on back) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit card information will be destroyed immediately after processing.