

2005-2006 MOSC SEASON TICKET OBLIGATION \$75

Separate check payable to MOSC

PLEASE COMPLETE ALL INFORMATION:

____ Mr. and Mrs.
____ Ms.
____ Mr.
____ Other _____

Name: Husband:

Address:

City: Zip Code:

Home Phone: Work Phone:

GUILD MEMBERSHIP LEVEL:

____ Active
____ Member-in-Training
____ Patron
____ Honorary

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PLEASE CIRCLE YOUR CHOICE(S) BELOW: PLEASE NOTE NEW PROCEDURE.

1. _____ **SEND ME One (1) MOSC FLEXPASS GENERAL ADMISSION PUNCH CARD.**

This package is valued at \$75, a \$15 savings for Midland Guild members only. If you choose this option, you will receive a Punch Card good for 6 General Admission seats to any one or combination of MOSC Masterworks, Pops, or Chamber Concert. These punches do not guarantee seats. Upon receiving the Punch Card and concert calendar in August, you will be responsible for contacting MOSC (563-0921) ASAP or at least one week prior to the concert to RSVP your choice. You can use the Punch Card anyway you prefer, i.e.: 1 seat each for six concerts, 2 seats each for three concerts, 6 seats for one concert; the choice is yours to make.

2. _____ **I PLAN TO PURCHASE ADDITIONAL SEASON TICKETS AND/OR UPGRADE FROM GENERAL ADMISSION.**

If you choose this option, you should ALSO complete the 2005-2006 Season Brochure Ticket Order Form, which will be mailed to you in May, 2005. Please DEDUCT the \$75, which you have already paid with this blue form, from the total payment due on the Season Ticket Order Form. Additional tickets and upgrades are available on a first-come/first-serve basis. If your order form for additional tickets or upgrade is not received by the MOSC office by August 15, 2005, you will automatically receive the \$75 General Admission FlexPass Punch Card.

The MOSC office will bill you for any additional general admission packages you have ordered on this form!

3. _____ **No, I do not wish to have a FlexPass Punch Card. INSTEAD, ENCLOSED IS MY TAX-DEDUCTIBLE DONATION TO THE MIDLAND-ODESSA SYMPHONY & CHORALE IN THE AMOUNT OF \$_____.** Your Check can be for the full donation amount if you choose or

please indicate if you would like the MOSC office to bill you for your donation in EXCESS of the \$75 minimum payment required with this form.

Bill me: _____ Jun___ Jul___ Aug___ Sept___ Oct___ Nov___ Dec___2003

Or Charge my credit card: VISA___ MasterCard___
Card No. _____ Exp. Date _____

Include this blue form and your Check payable to MOSC with your membership packet to the MSG.