



2024-2025  
Orchestra Kentucky  
Subscription Order Form

Name: \_\_\_\_\_  
 Patron ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Order #: \_\_\_\_\_

PACKAGE	SECTION	ROW	SEATS	PRICE

**Payment:**

- Credit/ Debit Card Payment   
  Check   
  Cash   
  Charge Full Payment  
 MasterCard   
  VISA   
  American Express   
  Discover

Card #: \_\_\_\_\_    Exp. Date: \_\_\_\_\_    CV Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_    Print Name: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

<b>Price</b>	
<b>Order Fee +</b>	\$10
<b>Subtotal</b>	
<b>Donate to Arts of SKY? +</b>	
<b>GRAND TOTAL =</b>	

1

2

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