NBSO
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New Bedford, MA 02741

NEW BEDFORD SYMPHONY ORCHESTRA

508-999-6276 Tel.
508-999-0958 Fax
info@nbsymphony.org
www.nbsymphony.org

Young People's Concert 2010 Registration / Confirmation Form

ATTN: IMPORTANT DATE: REGISTRATION DEADLINE IS: DECEMBER 18, 2009

PLEASE COMPLETE AND MAIL WITH CHECK. SPACE IS LIMITED SO SIGN UP EARLY!

If you have any questions, please call Shahara Proulx at 508-999-6276 ext. 23, or email: sproulx@nbsymphony.org. Admission is $5 per person. Please make checks payable to NBSO. To pay by credit card, please call the NBSO Office.

School Name: _____

School Address: _____

School City: _____ State: _____ Zip: _____

School Telephone #:_____ Fax#: _____

School Principal: _____

Contact Person: _____ E-mail:_____

Contact Person Tel #: Day _____ Home #: _____ Fax #:_____

Please Note: Every effort will be made to accommodate your first choice of concert date and time. Schools will be notified of confirmed concert date(s) as requested / with changes, if any, at least four weeks prior to the concert.
The confirmation form below will be faxed back to the contact person and fax # listed above.
****You must present the confirmation form on the day of the concert.***

CONCERT DATES TO SELECT FROM:

DAY	DATE	CONCERT #	TIME	CONCERT #	TIME
Monday	March 1, 2010	1	9:30 AM	2	12:00 PM
Tuesday	March 2, 2010	**(3) FULL**	9:30 AM	4	12:00 PM
Wednesday	March 3, 2010	5	9:30 AM	6	12:00 PM

REGISTRATION SELECTIONS:

Grade(s)	# Of Student Tickets	# Of Teacher/Chaperone Tickets	Wheelchair Seating	1st Choice Concert #	2nd Choice Concert #	3rd Choice Concert #	4th Choice Concert #

FOR NBSO OFFICE USE ONLY – YPC 2010 CONFIRMATION

To: Your school's contact (see above registration) for the NBSO Young People's Concert 2010.
*****Please forward this confirmation information to the attendees from your school*****

This communication sent to you on _____ confirms the YPC 2010 registration of your group:

_____ As requested above. _____ With the following changes. _____Payment Received.

REGISTRATION SELECTION CHANGES - IMPORTANT:

Grade(s)	# Of Student Tickets	# Of Teacher/Chaperone Tickets	Wheelchair Seating	1st Choice Concert #	2nd Choice Concert #	3rd Choice Concert #	4th Choice Concert #