

# 65<sup>h</sup> Annual Armenian Night at the Pops – Friday, May 27, 2016 at 8:00 pm

## Ticket Order Form

We are pleased to attend the May 27 Pops concert. Our request is indicated below:

### Please process my tickets as indicated below:

*Note: Orchestra seating arrangement is 5 seats per table*

- |  |                    |                                   |
|--|--------------------|-----------------------------------|
| <input type="checkbox"/> Orchestra, front  | ___ x \$90 = _____ | (Students: ___ x \$45 = _____)    |
| <input type="checkbox"/> Orchestra, middle | ___ x \$65 = _____ | (Students: ___ x \$32.50 = _____) |
| <input type="checkbox"/> Second Balcony    | ___ x \$25 = _____ | (Students: ___ x \$12.50 = _____) |

### I wish to support FACS at the following level:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> \$100 Friend | <input type="checkbox"/> \$1,000 Sponsor   |   |
| <input type="checkbox"/> \$250 Patron | <input type="checkbox"/> \$500 Contributor | <input type="checkbox"/> \$2,000 Benefactor |

### \* Student Discount Offer:

A student discount of 50% is available for K-12 students only. Orders *must* accompany at least one adult ticket purchase in the same price category. Limit of 3 students per family. Please include student's name, age and school affiliation. Orders will be processed on a first come, first served basis.

Name: (as you wish it to appear in program book) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_, Email: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ School(s): \_\_\_\_\_

Please make checks payable to FACS, and **mail by April 30<sup>th</sup>** to: P.O. Box 87, Belmont, MA 02478

OR

Email us this form at [FACSBoston@gmail.com](mailto:FACSBoston@gmail.com) and we will bill you electronically using the secure PayPal system.

All tickets will be mailed in early May.