

## Pops Concert Ticket Order Form:

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

Table # Requested: \_\_\_\_\_

Seats Requested (use letters): \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Payment method (cash or check made payable to CBA)

Amount enclosed: \_\_\_\_\_

Orders/Payment can be brought directly to the music department OR mailed to:

CBA Pops Concert

c/o Sarah Waite

12 Airline Drive

Albany, NY 12205

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For Office Use Only:

Tickets delivered: Y/N