

DISCOVERY CONCERT

ORDER FORM & INVOICE



HARTFORD
SYMPHONY
ORCHESTRA

STEP 1

CONTACT PERSON :

MAILING ADDRESS :

CITY :

STATE:

ZIP:

SCHOOL PHONE:

CONTACT'S CELL PHONE :

E-MAIL :

GRADE LEVEL OF STUDENTS:

☐ YES. I'D LIKE TO SUBSCRIBE TO RECEIVE UPDATES ON HSO LEARNING & SOCIAL IMPACT.

2 STEP

Wheelchair accessible seating / How many? _____

Assisted listening device / How many? _____

American Sign Language interpretation / How many?

Other / Specify:

Mobility impaired / How many?

3 STEP

Performance	Date & Time	No. of Paid Tickets	Price	No. of Free Tickets (1 per 10 purchased)	Total No. of Tickets	Total Due	Amount Enclosed	Balance Due	Final Payment Due
I'm A Survivor	Tue, Nov. 25, 2025 10:30 AM - 11:30 AM		\$10						Nov. 11
Seasons	Wed, Mar. 25, 2026 10:30 AM - 11:30 AM		\$10						Mar. 11

4 STEP

Credit card

Check enclosed. (Payable to Hartford Symphony Orchestra)

[illegible]

Exp. Billing Zip Code: _____

SIGNATURE: _____

Charge full amount now.

Charge 1st half now and charge
balance on due date noted above
for each show.

Please make a copy of this form to keep for your records.

5 STEP

Account # : _____

Date Received: _____

Total Amount Due :_____

Deposit Amount : _____

Amount Balance Due : _____

Date Paid in Full : _____

6 STEP

If you have questions when completing this order form, please contact (860) 760-7310 or jphipps@hartfordsymphony.org

**Make checks payable to Hartford Symphony Orchestra.
Mail this form with your payment to:**

Hartford Symphony Orchestra
c/o Jennifer Phipps, Manager, Learning & Social Impact
166 Capitol Avenue
Hartford, CT 06106

Or email the completed form to disco@hartfordsymphony.org
All programming subject to change.
Refunds not available.
For more information, please visit hartfordsymphony.org