



2025/26 Season Subscription Order Form

YOUR INFORMATION	
First Name	
Last Name	
Email Address	
Street Address	
City	State & Zip
Phone (Daytime)	Phone (Evening)

PAYMENT INFORMATION
Total Cost: \$ _____
<input type="checkbox"/> Check Enclosed <i>Payable to the University of Delaware</i>
<input type="checkbox"/> Credit Card <i>A member of the box office staff will call you during business hours to obtain your credit card information.</i>

MASTER PLAYERS CONCERT SERIES SUBSCRIPTION OPTIONS	
FIVE Concert Subscription Tickets 15% discount	FOUR Concert Subscription Tickets 10% discount
<input type="checkbox"/> Adults: _____ # of 5 Concert Subscriptions @ \$148.75 <input type="checkbox"/> Seniors/UD Faculty/Staff/Alumni/OLLI: _____ # of 5 Concert Subscriptions @ \$127.5 <input type="checkbox"/> Students: _____ # of 5 Concert Subscriptions @ \$42.5	<input type="checkbox"/> Adults: _____ # of 4 Concert Subscriptions @ \$126 <input type="checkbox"/> Seniors/UD Faculty/Staff/Alumni/OLLI: _____ # of 4 Concert Subscriptions @ \$108 <input type="checkbox"/> Students: _____ # of 4 Concert Subscriptions @ \$36
Includes: <ul style="list-style-type: none"> • 10/4/25 Season Opening Concert • 11/2/25 Great Musical Family • 2/15/26 Blending Traditions • 3/14/26 Gold Medalist • 4/25/26 Sean Gao & Friends 	Choose Four: <ul style="list-style-type: none"> <input type="checkbox"/> 10/4/25 Season Opening Concert <input type="checkbox"/> 11/2/25 Great Musical Family <input type="checkbox"/> 2/15/26 Blending Traditions <input type="checkbox"/> 3/14/26 Gold Medalist <input type="checkbox"/> 4/25/26 Sean Gao & Friends

DELIVERY INFORMATION		
<input type="checkbox"/> I would like my tickets printed and mailed to me (Additional \$3)	<input type="checkbox"/> I would like my tickets sent to my email as mobile passes	<input type="checkbox"/> I would like my tickets held at will call

MAIL ORDER FORM TO
Delaware Ticket Office, Bob Carpenter Center, 631 S. College Ave, Newark, DE 19716