



2025/26 Single Tickets 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 SINGLE TICKETS		
10/4/25 Season Opening Concert	11/2/25 Great Musical Family	2/15/26 Blending Traditions
<input type="checkbox"/> \$35 Adults ____ # of tickets <input type="checkbox"/> \$30 Seniors/UD Faculty/ Staff/Alumni/OLLI ____ # of tickets <input type="checkbox"/> \$10 Students ____ # of tickets	<input type="checkbox"/> \$35 Adults ____ # of tickets <input type="checkbox"/> \$30 Seniors/UD Faculty/ Staff/Alumni/OLLI ____ # of tickets <input type="checkbox"/> \$10 Students ____ # of tickets	<input type="checkbox"/> \$35 Adults ____ # of tickets <input type="checkbox"/> \$30 Seniors/UD Faculty/ Staff/Alumni/OLLI ____ # of tickets <input type="checkbox"/> \$10 Students ____ # of tickets
3/14/26 Gold Medalist	4/25/26 Sean Gao & Friends	
<input type="checkbox"/> \$35 Adults ____ # of tickets <input type="checkbox"/> \$30 Seniors/UD Faculty/ Staff/Alumni/OLLI ____ # of tickets <input type="checkbox"/> \$10 Students ____ # of tickets	<input type="checkbox"/> \$35 Adults ____ # of tickets <input type="checkbox"/> \$30 Seniors/UD Faculty/ Staff/Alumni/OLLI ____ # of tickets <input type="checkbox"/> \$10 Students ____ # of tickets	

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