



# 2016-2017 Ticket Order Form

Fill out the form below and include a check made out to Chamber Project St. Louis and send it to:

Chamber Project St. Louis  
P.O. Box 300008  
561 Kingsland Ave.  
St. Louis, MO 63130

Please include an email address so we can email you a confirmation.

Your name(s) will be on our will-call list for the concerts you have chosen. We will not send you actual tickets to your events. Tickets are transferable to other concerts during the 16/17 season, please email or call us if you need to switch dates! Tickets are not refundable.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

American Renegade	SEPT 9	_____ x \$15	or	_____ x \$5 (student)
Essence at Crave	OCT 8	_____ x \$15	or	_____ x \$5
Essence at Vino Gallery	OCT 11	_____ x \$15	or	_____ x \$5
Night Music	NOV 13	_____ x \$15	or	_____ x \$5
Family Affair	FEB 11	_____ x \$15	or	_____ x \$5
Speak	MAR 10	_____ x \$15	or	_____ x \$5
Popular at The Chapel	APR 7	_____ x \$15	or	_____ x \$5
Popular at Schlafly	APR 9	_____ x \$15	or	_____ x \$5
Choice	JUNE 3	_____ x \$15	or	_____ x \$5

Add a donation \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Names of your guests: \_\_\_\_\_

## QUESTIONS?

Call Dana: 314-401-0450 or [info@chamberprojectstl.org](mailto:info@chamberprojectstl.org)  
[chamberprojectstl.org](http://chamberprojectstl.org)