

# Jazzin' the Falls

## RESERVATION FORM

LIMITED TICKET SALES AT EVENT

Please mail the upper portion of this completed form to the address below along with a check made payable to IMP (Instrumental Music Patrons) or go to [www.cfbands.com/horizons](http://www.cfbands.com/horizons) and purchase tickets through PayPal.

The website will have details for **May 7th, 2016**. Clinic participants should arrive at Cuyahoga Falls High School Auditorium by 2:30 pm. The Concert will begin at 7:30 pm.

Participant Name: \_\_\_\_\_  
School (if student): \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Instrument: \_\_\_\_\_

### Ticket Pricing:

Student (clinic/concert)	\$10.00	x	_____	=	\$ _____
Student (clinic/dinner/concert)	\$18.00	x	_____	=	\$ _____
Adult (clinic/concert)	\$20.00	x	_____	=	\$ _____
Adult (clinic /dinner/concert)	\$28.00	x	_____	=	\$ _____
Adult (concert)	\$20.00	x	_____	=	\$ _____
Concert Reserved Seating	\$30.00	x	_____	=	\$ _____

Mail to: Cuyahoga Falls High School  
Attn: IMP - Musical Horizons 2016  
431 Stow Avenue  
Cuyahoga Falls, OH 44221