



2011-2012 Membership & Ticket Order Form

Membership: Be the first to know all about the season, meet the artists at post-concert receptions and support KCA in its mission to provide quality classical and modern performing fine arts and to provide musical education opportunities. All donations are considered fully tax deductible for federal income tax purposes: ___ **\$100 Patron**, ___ **\$250 Sponsor**, ___ **\$500 Principle**, ___ **\$1000 Benefactor**, ___ **\$2500 Enthusiast**, ___ **Other (\$ _____)**

Performance	Date	Price/ Student	Quantity	Subtotal
Hawaii Opera Theater	10/9/11	\$25/\$10	___/___	_____
Doric String Quartet	11/13/11	\$30/\$10	___/___	_____
Berklee College of Music	1/8/12	\$15/\$10	___/___	_____
Steppin' Out With Ben Vereen	1/22/12	\$35/\$10	___/___	_____
Soyeon Lee	2/26/12	\$20/\$10	___/___	_____
Honolulu Jazz Quartet	3/16/12	\$25/\$10	___/___	_____
Season Tickets	6 dates	\$120/pers.	_____	_____

Total (membership + tickets)..... \$_____

Ways to order: 1) complete and mail with payment to KCA, PO Box 503, Lihue, HI 96766; 2) purchase online at www.kauai-concert.org; 3) call 808-245-SING (7464). For mail, please send check or money order; **CREDIT CARD PAYMENT FORM ON BACK OF THIS FORM.** Ticket outlets include Magic Dragon (Princeville), North Shore Pharmacy (Kilauea), Island Music & Sound (Kapaa), Pictures Plus (Lihue), Island Soap & Candle (Koloa), Kauai Coffee (Kalaheo), Aloha-n-Paradise (Hanapepe), Talk Story Bookstore (Waimea).

I _____ authorize

Kauai Concert Association to charge my credit card

account indicated below for _____ (amount)
on or after _____ (today's date). This
payment is for tickets &/or membership.

(signature)

Billing Address _____

Phone# _____

City, State, Zip _____

Email

Account Type:	Visa	MasterCard
Cardholder Name	_____	
Account Number	_____	
Expiration Date	_____	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____	