

# Tickets by Mail Artist Series 2005-06



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Charge by phone: 513.529.3200. Charge orders subject to individual ticket fees.

Mail this form with a check to: Miami Hamilton Artist Series, 1601 University Blvd., Hamilton, OH 45011  
**Make check payable to Miami University. MAIL ORDERS PLEASE ADD \$2 SERVICE CHARGE.**

ARTIST/PERFORMANCE	GENERAL ADMISSION	SENIORS & STAFF	STUDENTS & KIDS 12 & UNDER	TOTAL \$ AMOUNT
<b>BELA FLECK ACOUSTIC TRIO</b> SUN., Sept. 18/7pm	_____ @ \$24	_____ @ \$22	_____ @ \$15	\$ _____
<b>BELA FLECK ACOUSTIC TRIO</b> SUN., Sept. 18/9:15pm	_____ @ \$24	_____ @ \$22	_____ @ \$15	\$ _____
<b>LONGVIEW</b> SAT., Oct. 22/8pm	_____ @ \$20	_____ @ \$18	_____ @ \$12	\$ _____
<b>INTI-ILLIMANI</b> SAT., Nov. 12/8pm	_____ @ \$20	_____ @ \$18	_____ @ \$12	\$ _____
<b>NASHVILLE BB &amp; CLAIRE LYNCH</b> SAT., Jan. 28/8pm	_____ @ \$20	_____ @ \$18	_____ @ \$12	\$ _____
<b>VANCE GILBERT W/GRAHAM WEBER</b> SAT., Feb. 25/8pm	_____ @ \$15	_____ @ \$12	_____ @ \$8	\$ _____
<b>JAWBONE W/CROOKED STILL</b> SAT., Apr. 22/8pm	_____ @ \$15	_____ @ \$12	_____ @ \$8	\$ _____

**SEASON TICKETS/6 SHOWS**

\_\_\_\_ 7PM OR \_\_\_\_ 9:15PM FOR BELA  
(CHECK ONE) \_\_\_\_\_ @ \$110 \_\_\_\_\_ @ \$96 \_\_\_\_\_ @ \$60 \$ \_\_\_\_\_

ALL PERFORMANCES  
are in Parrish Auditorium  
at Miami Hamilton.  
See show times above.

TOTAL NUMBER OF INDIVIDUAL TICKETS	_____
TOTAL NUMBER OF SEASON TICKETS	_____
SERVICE CHARGE	add \$2
CHECK ENCLOSED FOR	\$ _____

PLEASE NOTE: If you require special seating arrangements please indicate below: