

Name(s) Adult ticket holder(s) _____
Street/PO Box _____ City _____ State/Zip _____
Phone no. _____ E-mail _____

Season tickets will be mailed to the address provided before the first concert.

Desired Number of Adult Season Ticket Memberships:

No. _____ @ \$60 each = _____

***Amount of sponsor gift(s) enclosed:** _____

in Honor/Memory of _____

Return this form with your check(s) payable to:

WAPAEC - WCA

PO Box 530

Washington, IA 52353

Please note in "Memo" of check the amount of
Sponsor Gift if included with season ticket payment.