

## 2025/26 Single Tickets Order Form

YOUR INFORMATION	
First Name	
Last Name	
Email Address	
Street Address	
City	State & Zip
Phone (Daytime)	Phone (Evening)

PAYMENT INFORMATION
Total Cost: \$ _____
<input type="checkbox"/> <b>Check Enclosed</b> Payable to the University of Delaware
<input type="checkbox"/> <b>Credit Card</b> A member of the box office staff will call you during business hours to obtain your credit card information.

MASTER PLAYERS CONCERT SERIES SINGLE TICKETS		
<b>10/4/25</b> <b>Season Opening Concert</b>	<b>11/2/25</b> <b>Great Musical Family</b>	<b>2/15/26</b> <b>Blending Traditions</b>
<input type="checkbox"/> \$35 Adults _____ # of tickets <input type="checkbox"/> \$30 Seniors and UD Faculty, Staff and Alumni _____ # of tickets <input type="checkbox"/> \$10 Students _____ # of tickets	<input type="checkbox"/> \$35 Adults _____ # of tickets <input type="checkbox"/> \$30 Seniors and UD Faculty, Staff and Alumni _____ # of tickets <input type="checkbox"/> \$10 Students _____ # of tickets	<input type="checkbox"/> \$35 Adults _____ # of tickets <input type="checkbox"/> \$30 Seniors and UD Faculty, Staff and Alumni _____ # of tickets <input type="checkbox"/> \$10 Students _____ # of tickets
<b>3/14/26</b> <b>Gold Medalist</b>	<b>4/25/26</b> <b>Sean Gao &amp; Friends</b>	
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DELIVERY INFORMATION		
<input type="checkbox"/> I would like my tickets printed and mailed to me <b>(Additional \$3)</b>	<input type="checkbox"/> I would like my tickets sent to my email as mobile passes	<input type="checkbox"/> I would like my tickets held at will call

**MAIL ORDER FORM TO**  
**Delaware Ticket Office, Bob Carpenter Center, 631 S. College Ave, Newark, DE 19716**