

Complete and return with check made payable to **West Central Concert Series.**

P.O. Box 402, Willmar, MN 56201-0402

Name _____
For sustaining members, please print your name as you wish it to appear in the program

Phone _____ Contact Person _____

Address _____

Regular Memberships: Adult\$50 each _____ # Tickets
Student (K-12)\$10 each _____ # Tickets

Sustaining Memberships: Co-sponsor\$500, 4 adult tickets
 Gold\$300, 4 adult tickets
 Silver\$225, 3 adult tickets
 Bronze\$150, 2 adult tickets