

CCMF TICKET ORDER FORM — FALL 2026

1 YOUR CONTACT INFORMATION

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

2 CHOOSE YOUR TICKETS

Concert	# of tickets	\$ per ticket	Total
Midday Music <i>Tuesday 9/15</i>		\$30 \$25 military	\$
Sounds of Home <i>Thursday 9/17</i>		\$35 \$30 military	\$
Sunday Serenade <i>Sunday 9/20</i>		\$35 \$30 military	\$
All-Concert Pass		\$95 \$80 military	\$
Add a tax-deductible donation to CCMF? (Optional but very much appreciated!)			\$
☐ Please do NOT list me in the program.			
YOUR TOTAL ORDER			\$

3 SAY HOW YOU WANT TO GET YOUR TICKETS

- ☐ Please hold them for me/us at the door.
- ☐ Please mail them to me/us (for orders received after September 7, tickets will be held at the door).

4 SEND US THIS FORM AND YOUR CHECK

Carolina Chamber Music Festival
PO Box 1591
New Bern, NC 28563