



In-School Ensemble **Reservation Form**

School: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Which ensemble are you interested in? (If you're not sure leave blank)

Please list five dates and times you have available in order of preference.

1st choice _____

2nd choice _____

3rd choice _____

4th choice _____

5th choice _____

Please fax form to (847) 888-0400

Or mail to:

Elgin Symphony Orchestra

Attn: Education Manager

20 DuPage Court

Elgin, IL 60120

You will be contacted within the week with the availability of the ensemble you requested.