

GROUP SALES REQUEST FORM

Please complete the fields below and return to slinares@orlandoballet.org.

Name of Group:

Name of Group Leader:

Phone Number:

Email Address:

Mailing Address:

Show Title:

Performance Date & Time:

Number of seats:

Price Level & Seating Location:

Special Requirement for Seats (accessible seating/limited mobility/aisle seat etc.):

Preferred Payment Method (please select one):

Check (Made payable to Orlando Ballet)

Credit Card Please call me for credit card information at:

Preferred Ticket Delivery Method:

Email (please confirm your chosen email address):

Mail (please confirm your mailing address if different from above):

Will Call (tickets will be left under the Group Leader's name:

**Please complete and return this form (with payment) to:
Orlando Ballet, 3751 Maguire Blvd, Suite 111, Orlando, FL, 34734
Or email to slinares@orlandoballet.org.**