

Please provide all of the requested contact information.

CONTACT INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: (____) _____ - _____

Are you a renewing subscriber? YES NO

 If so, would you like your same seats? YES NO

 If so, would you like your same night? YES NO

If you answered **no** to any of the above questions, please continue to the next section.

COMPLETE THE FOLLOWING STEPS:

1 Select Your 3-Show Subscription Package*

Complete the chart by indicating the number of tickets you would like and in which Price Section for the corresponding performance. You will receive the best available seats in that section unless otherwise indicated on the bottom of this form.

	Gold Circle \$286	Silver Circle \$205	Bronze Circle \$145	Emerald Circle \$100
FRIDAYS @ 8 p.m.				
SATURDAYS @ 8 p.m.				
SUNDAYS @ 2 p.m.				

2 Indicate Any Optional Purchases of *The Nutcracker*

If you would like to add on *The Nutcracker* or *The Nutcracker Family Show*, please check the date you would like to attend:

- Thursday, December 8 @ 8 p.m.
- Friday, December 9 @ 8 p.m.
- Family Show* Saturday, December 10 @ 11 a.m.
- Saturday, December 10 @ 3 p.m.
- Saturday, December 10 @ 8 p.m.
- Sunday, December 11 @ 1 p.m.
- Sunday, December 11 @ 6:30 p.m.

Please check the section where you would like your seats.

The Nutcracker Full Shows:

- Gold Circle \$95 Emerald Circle \$35
- Silver Circle \$55 Ruby Circle \$35
- Bronze Circle \$45 Pearl Circle \$25

The Nutcracker Family Show Only:

- Clara & Friends Level \$55
- The Nutcracker Prince Level \$40
- Mouse King \$25

SEATING SELECTION NOTES:

3 Consider a Tax Deductible Contribution**

Ticket Sales only cover a portion of the expenses to operate Orlando Ballet and produce the world-class dance you love. Please consider a tax-deductible contribution with your subscription to support our organization.

Yes! I would like to make a tax-deductible gift to Orlando Ballet in the amount of:

\$50 \$100 \$200 \$ _____

PAYMENT METHODS

Check made payable to Orlando Ballet. Check No. _____

Credit/Debit Card. Card No. _____ Exp. ____ / ____

CVV/Security No. _____ Billing Zip _____

Name as it Appears on Card: _____ Signature: _____

I wish not to provide credit card information on paper, so please give me a call.

*The price of each subscription reflects the face value of your tickers, inclusive of applicable Season Subscriber discounts, as well as additional service charges, facility fees, and handling fees that may not be reflected on the face of the tickets you receive.

**Orlando Ballet is a 501(c)(3) not-for-profit organization. All contributions are tax-deductible to the full extent allowed by law. A copy of the official registration (#ch11282) and financial information may be obtained from the division of consumer services by calling toll-free 1-800-435-7352 within the state or www.800helpfla.com. Registration does not imply endorsement, approval, or recommendation by the state. Orlando Ballet retains 100% of every contribution.

THANK YOU FOR YOUR SUPPORT OF ORLANDO BALLET.
We Look Forward to Sharing a Wonderful Season with You!

- In planning a season, care is taken to avoid scheduling conflicts or changes of any kind. However, prices, shows, dates, schedule, venues, and artists are subject to change without notice. Depending on production requirements, seating may become available, or require removal, without notice.
- Exact renewals are processed first. Change requests, including New Subscriptions for seating that was unavailable at the time of purchase, are processed after the renewal deadline and in the order in which they are received.
- Refunds will only be considered pursuant to Orlando Ballet's General Subscription Terms. Certain fees are non-refundable under any circumstance.
- Season Subscriptions and all Subscriber Extra Tickets purchased under any Subscription are subject to Orlando Ballet's General Subscription Policies, which are available at www.OrlandoBallet.org.

By signing, I acknowledge that I have read, understand, and agree to the above information and terms and conditions:

Signature: _____ Date: _____

**TO SUBMIT
THIS FORM**

Print and mail completed form to **Orlando Ballet Subscriptions, 415 E. Princeton Street, Orlando, FL 32803**

— OR —

Save and email your completed form to **patrons@orlandoballet.org**

Your tickets will be mailed in early October.

2016-17 NEW SUBSCRIPTION ORDER FORM

