

COMPLETE THE FOLLOWING STEPS:

1 Contact Information All fields required.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: (_____) _____ - _____

Are you a renewing subscriber? If so, would you like your same seats? If so, would you like your same night?
 YES NO YES NO YES NO

2 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 \$285	Silver \$205	Bronze \$145	PL4 \$100	PL5 \$60	Student \$45
FRIDAYS @ 8 p.m.						
SATURDAYS @ 8 p.m.						
SUNDAYS @ 2 p.m.						

3 Indicate Any Optional Purchases of *The Nutcracker*

a. 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 21 @ 8 p.m.
- Friday, December 22 @ 8 p.m.
- Family Show** Saturday, December 23 @ 11 a.m.
- Saturday, December 23 @ 3 p.m.
- Saturday, December 23 @ 8 p.m.
- Sunday, December 24 @ 1 p.m.

b. Please check the section where you would like your seats.

The Nutcracker Full Shows (Indicate Quantity):

- Gold \$95 _____
- Silver \$75 _____
- Bronze \$55 _____
- PL4 \$35 _____
- PL5 \$25 _____
- PL6 \$19 _____

The Nutcracker Family Show Only (Indicate Quantity):

- PL1 \$55 _____
- PL2 \$40 _____
- PL3 \$25 _____
- PL4 \$15 _____

4 Indicate Any Optional Purchases of *Arcadian Broad's Beauty & the Beast*

a. If you would like to add on *Arcadian Broad's Beauty & the Beast*, please check the date you would like to attend:

- Saturday, March 17 @ 1 p.m.
- Saturday, March 17 @ 7 p.m.
- Sunday, March 18 @ 2 p.m.

b. Please check the section where you would like your seats.

Family 4-Pack:

- PL1 \$150
- PL2 \$100
- PL3 \$60
- PL4 \$40

Single Tickets Only (Indicate Quantity):

- PL1 \$45 _____
- PL2 \$30 _____
- PL3 \$20 _____
- PL4 \$15 _____

SEATING SELECTION NOTES: _____

5 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 \$ _____

6 Payment Method Select One

- 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.

7 Sign & Submit

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
3751 Maguire Blvd, Suite 111
Orlando, FL 32803

OR



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

*Your tickets
will be mailed
in September.*