

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 performance?
 YES NO YES NO YES NO

2 Select Your Two-Show 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 \$195	Silver \$141.66	Bronze \$101.66	PL4 \$71.66	PL5 \$45	Student \$30*
FRIDAYS @ 7:30 p.m.						
SATURDAYS @ 2 p.m.						
SATURDAYS @ 7:30 p.m.						
SUNDAYS @ 2 p.m.						

* Student seating in Price Level 5 ONLY

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:

- Friday, December 7, 2018 @ 7:30 p.m.
- Family Show** Saturday, December 8, 2018 @ 11 a.m.
- Saturday, December 8, 2018 @ 7:30 p.m.
- Sunday, December 9, 2018 @ 2 p.m.
- Thursday, December 13, 2018 @ 7:30 p.m.
- Friday, December 14, 2018 @ 7:30 p.m.
- Family Show** Saturday, December 15, 2018 @ 11 a.m.
- Saturday, December 15, 2018 @ 3 p.m.
- Saturday, December 15, 2018 @ 7:30 p.m.
- Sunday, December 16, 2018 @ 2 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 Shows Only (Indicate Quantity):

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

4 Indicate Any Optional Purchases of *Peter & the Wolf*

a. If you would like to add on *Peter & the Wolf*, please check the date you would like to attend:

- Saturday, March 30, 2019 @ 11 a.m.
- Saturday, March 30, 2019 @ 7:30 p.m.
- Sunday, March 31, 2019 @ 2 p.m.

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

Family 4-Pack:

- PL1 \$200 _____
- PL2 \$150 _____
- PL3 \$100 _____
- PL4 \$60 _____

Single Tickets Only (Indicate Quantity):

- PL1 \$55 _____
- PL2 \$45 _____
- PL3 \$30 _____
- PL4 \$20 _____

5 Indicate Any Optional Purchases of Fast Forward

If you would like to add on **Fast Forward** on **Friday, March 29, 2019 @ 7:30 p.m.**, please check the box below and indicate how many tickets you would like to purchase:

General Admission \$20 _____

Please indicate your seating preferences & requirements for all performances (including accessible seating): _____

6 Consider a Charitable 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 charitable contribution with your subscription to support our organization.

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

\$100 \$250 \$500 \$ _____ Please have a Development Officer contact me

7 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.

THANK YOU FOR YOUR SUPPORT OF ORLANDO BALLET.

We Look Forward to Sharing a Wonderful Season with You!

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.

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.

8 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.*

**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.80ohelpfla.com. Registration does not imply endorsement, approval, or recommendation by the state. Orlando Ballet retains 100% of every contribution.