

Once Upon A Ballet 2011-12 Season

I want to subscribe by ordering all 4 programs:

Total # of children (12 & under) _____ x \$95/each = \$ _____
 Total # of adults _____ x \$125/each = \$ _____

SHOW	DATE	TIME
Cinderella		
Nutcracker		
Alice-in-Wonderland Follies		
Sleeping Beauty		

I want to subscribe by ordering a 3-show package:

Total # of children (12 & under) _____ x \$72/each = \$ _____
 Total # of adults _____ x \$96/each = \$ _____

SHOW	DATE	TIME
Cinderella		
Nutcracker		
Alice-in-Wonderland Follies		
Sleeping Beauty		

I want to purchase single tickets for the show(s) below (rows A – R):

Total # of children (12 & under) _____ x \$31/each x # of shows _____ = \$ _____
 Total # of adults _____ x \$36/each x # of shows _____ = \$ _____

I want to purchase single tickets for the show(s) below (rows AA – FF):

Total # of children (12 & under) _____ x \$21/each x # of shows _____ = \$ _____
 Total # of adults _____ x \$26/each x # of shows _____ = \$ _____

SHOW	# OF CHILDREN	# OF ADULTS	DATE	TIME
Cinderella				
Nutcracker				
Alice-in-Wonderland Follies				
Sleeping Beauty				

NYTB is a 501(c)3 organization.
 All donations are tax-deductable.

Total Amount for Tickets \$ _____
 Handling Charge \$ 5.00
 I'd like to become a Premiere Club Member (\$250.00) \$ _____
GRAND TOTAL \$ _____

NYTB ACCEPTS VISA, MASTERCARD OR CHECK MADE PAYABLE TO NEW YORK THEATRE BALLET

CARD #	EXP. DATE		
3-DIGIT SECURITY CODE	SIGNATURE		
NAME (PRINT)			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

Please let us know if anyone in your party has Special Physical Needs.
 Box Office will fill all orders with the Best Available seats when order is received.

Please mail this Order Form to: *New York Theatre Ballet*
 30 East 31st Street, 5th Floor, New York, NY 10016 OR **FAX** TO 212.679.8171

NO REFUNDS. TICKET EXCHANGE FOR SUBSCRIBERS ONLY.