

**SELECT ONE PERFORMANCE
FROM EACH CONCERT SERIES:**

**Esmeralda, Giselle – Act II,
Masquerade**

- Saturday, October 31
(Opening Night Gala)
- Sunday, November 1 – 1:00 pm
- Sunday, November 1 – 5:00 pm

The Nutcracker

- Thursday, December 24 – 3:00 pm
- Saturday, December 26 – 7:30 pm
- Sunday, December 27 – 1:00 pm
- Sunday, December 27 – 5:00 pm

Dance & Dessert

- Friday, March 12 – 7:30 pm
- Saturday, March 13 – 7:30 pm
- Sunday, March 14 – 1:00 pm
- Sunday, March 14 – 5:00 pm

A Midsummer Night's Dream

- Saturday, May 22 – 7:30 pm
- Sunday, May 23 – 2:00 pm

PRICING:

PREMIUM SEATS

- **SECTION A – ORCHESTRA (VIP SECTION)**
Series Price - \$174.00 per person
(includes Opening Night Gala on October 31)
- **SECTION A – ORCHESTRA (VIP SECTION)**
Series Price - \$121.00 per person
(includes November 1 performance – 1:00 pm or 5:00 pm)

STUDENTS/CHILDREN/SENIORS

- **SECTION B – ORCHESTRA**
Series Price - \$155.00 per person
(includes Opening Night Gala on October 31)
- **SECTION B – ORCHESTRA**
Series Price - \$101.00 per person
(includes November 1 performance – 1:00 pm or 5:00 pm)

No discount available for Opening Night Gala Performance.
No discount for Students/Children/Seniors available in Section A.

ORDERING:

PREMIUM SEATS

_____ No. of Subscriptions
in Section A (VIP Section):
\$174.00/person \$ _____

_____ No. of Subscriptions
in Section A (VIP Section):
\$121.00/person \$ _____

STUDENTS/CHILDREN/SENIORS

_____ No. of Subscriptions
in Section B (Orchestra):
\$155.00/person \$ _____

_____ No. of Subscriptions
in Section B (Orchestra):
\$101.00/person \$ _____

SUBTOTAL: \$ _____

DONATION: \$ _____

HANDLING FEE
(PER ORDER): **\$10.00**

GRAND TOTAL: \$ _____

SUBSCRIBER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (eve) _____ (day) _____

PAYMENT: All sales are final.
No refunds or cancellations.

- Enclosed is my check made payable to Ballet Tucson
- Charge my credit card: VISA MasterCard

PLEASE MAIL FORM TO:
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Tucson, AZ 85716

Card Number _____

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