

ORDER FORM

SERIES SUBSCRIPTION Please select your preferred Series, Seating Tier Price & Day

Series Type	Seating Price Tier 1	Seating Price Tier 2	Sun	Sat	Fri. Opening Night	Qty	Subtotal
Deluxe Series	\$560 <input type="checkbox"/>	\$520 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+\$105 <input type="checkbox"/>		\$ _____
Company Series	\$211 <input type="checkbox"/>	\$182 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+\$105 <input type="checkbox"/>		\$ _____
Family Series	\$114 <input type="checkbox"/>	\$108 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+\$105 <input type="checkbox"/>		\$ _____
School Series	\$56 <input type="checkbox"/>	\$45 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____

ADD ON TICKETS SAVE NOW, by adding any additional tickets to your season subscription package.

Production	Seating Price Tier 1	Seating Price Tier 2	Preferred Date & Time	Qty	Subtotal
Nutcracker	\$43 <input type="checkbox"/>	n/a			\$ _____
Alice in Wonderland	\$43 <input type="checkbox"/>	n/a			\$ _____
					\$ _____
					\$ _____
					\$ _____
					\$ _____

DONATION Subscriptions & ticket sales only cover half of our operating expenses. We rely on contributions to cover the balance. Please consider gifting today.

	Subtotal
<input type="checkbox"/> Join the 26/27 The Director's Circle, admission to exclusive events & lounges	\$1,000
<input type="checkbox"/> I'd like to sustain GRB with a monthly gift of	\$ _____
<input type="checkbox"/> I'd like to make a one-time gift in the amount of	\$ _____
	+processing fee \$13
GRAND TOTAL	\$ _____

Complete payment on back

PAYMENT FORM

YOUR CONTACT INFORMATION

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

YOUR PAYMENT METHOD


Please charge my: Visa Mastercard AMEX Discover Total \$ _____

Name on Card _____

Card # _____ Exp. date _____ CWV _____

Check enclosed, payable to Grand Rapids Ballet Check # _____ Total \$ _____

Signature _____ Date _____

 RETURN TO GRAND RAPIDS BALLET 341 Ellsworth Avenue SW Grand Rapids, MI 49503
Once received, our Box Office will contact to confirm your 26/27 Subscription.

SEATING PREFERENCES & NOTES

OFFICE ONLY:

Received _____

Processed _____

Receipt _____

Paid _____