

2016-17 Season Order Form

Step 1: Choose your Series:

<input type="checkbox"/> The Universal Pass	_____ x \$750	= \$ _____
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Opening Night Series:

<input type="checkbox"/> Friday Opening Night Performances	_____ x \$399	= \$ _____
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Full Series:

<input type="checkbox"/> Saturday Evening Performances	_____ x \$312	= \$ _____
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<input type="checkbox"/> Sunday Matinee Performances	_____ x \$312	= \$ _____
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Parents Series:

<input type="checkbox"/> Friday Opening Night Performances	_____ x \$224	= \$ _____
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<input type="checkbox"/> Saturday Evening Performances	_____ x \$224	= \$ _____
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<input type="checkbox"/> Sunday Matinee Performances	_____ x \$224	= \$ _____
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Company Series:

<input type="checkbox"/> Friday Opening Night Performances	_____ x \$184	= \$ _____
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<input type="checkbox"/> Saturday Evening Performances	_____ x \$184	= \$ _____
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<input type="checkbox"/> Sunday Matinee Performances	_____ x \$184	= \$ _____
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Fantasy Series:

<input type="checkbox"/> Friday Opening Night Performances	_____ x \$71	= \$ _____
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<input type="checkbox"/> Saturday Evening Performances	_____ x \$71	= \$ _____
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<input type="checkbox"/> Sunday Matinee Performances	_____ x \$71	= \$ _____
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Special Events:

<input type="checkbox"/> Clara's Nutcracker Party – December 11 at 11:00 AM	_____ x \$35	= \$ _____
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<input type="checkbox"/> I would like to donate now to help commission new works & fund choreography residencies for the Peter Martin Wege Theatre (and beyond).		= \$ _____
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Sub-Total	= \$ _____
Processing Fee	= \$ 3.00
Sub-Total	= \$ _____



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Step 2: Contact Information:

Name _____ Phone _____
 Address _____ Email _____
 City _____ State _____ Zip _____

Step 3: Seating Request:

- Same as 2015-2016 Season
- Change my seats to:
 PMW _____ DeVos _____

Step 4: Method of Payment:

- Visa MC AMX DSC Cash Check # _____
- Card # _____
- Exp _____ CW _____

Step 5: Submit Your Order:

Mail: Return this form with payment in the enclosed envelope

In Person: 341 Ellsworth SW, Grand Rapids, MI 49503

By Phone: (616) 454-4771

By Email: kellyh@grballet.com

FOR OFFICE USE ONLY

Payment Date: _____ 15-16 Day: _____ 16-17 Day: _____
 Payment Method: Visa MC AMX DSC 15-16 Seats: _____ 16-17 Seats: _____
 Cash Check # _____