

# SPRING 2008 TICKET ORDER FORM

**Berkeley Ballet Theater**  
**2640 College Avenue**  
**Berkeley, CA 94704**

Ticket information call: (510) 843-4689

Name _____
Phone Number (____) _____
Address _____
Zip Code _____ *

<b>For Box Office Use Only:</b>	<b>Payment:</b>	<b>Tickets delivered:</b>
Ordered: _____	____ Voucher # _____	____ Same-day In-Person _____ (date)
____ In-Person	____ Check # _____	____ Mailed on _____ (date)
____ Phone	____ Cash	____ Will-Call [Picked up _____ (date)]
____ Mail	____ Credit Card (enter below)	Sold by _____ Pulled by _____

Date and Time	How Many Tickets?	Price per Ticket	Total Cost		Please DO NOT WRITE in the Spaces Below.
<b>Gala Reception May 17:</b>					
Adults					\$15 per person <b>or</b>
Teens			\$		\$25 per family
Children					(no unescorted children)
<b>Student Show (levels 1-PP):</b>					
May 16 FRI Eve 7:00 PM		x \$21 =	\$		
May 17 SAT Mat 2:00 PM		x \$21 =	\$		
May 17 SAT Eve 7:00 PM		x \$21 =	\$		
May 18 SUN Mat 2:00 PM		x \$21 =	\$		
<b>Pre-Ballet Show:</b>					
May 17 SAT Morn 11:00 AM		x \$8 =	\$		
<b>Adult Students' Show:</b>					
May 18 SUN Eve 6:00 PM		x \$15 =	\$		
<b>Subtotal</b>			<b>\$</b>		
<b>Handling fee</b> for all credit card orders	tickets	x \$1.00 per ticket =	+ \$		
<b>Discount(s):</b> Preballet or Volume	tickets		- \$		
<b>Total</b>			<b>\$</b>		

NO REFUNDS (except in case of cancelled performance).  
 Tickets may be exchanged during Box Office hours up to 24 hours before show time on tickets.

\*Please do not place this address on your mailing list. Berkeley Ballet Theater occasionally sends notices of special events or solicits donations. We do not sell or otherwise share our mailing lists.

Credit Card Information: _____ VISA _____ MasterCard
Cardholder Name: (Print) _____
Cardholder Signature: X _____
Card #: _____ Exp. Date: _____

**Seating Preference** (There are 16 rows of 20 seats, split by a center aisle):

As close to the front as possible \_\_\_\_\_ Half-way back (gradual rise) \_\_\_\_\_

As close to the center as possible \_\_\_\_\_ Last 4 rows (steeper rise) \_\_\_\_\_

Wheelchair seating (right side wall) \_\_\_\_\_

Seat us all together \_\_\_\_\_ OR Seat us in groups of \_\_\_\_\_ & \_\_\_\_\_

<b>For Bookkeeper's Use Only:</b>	
Ticket Sales	\$ _____
Handling Fee	\$ _____
JMC Fee (\$.50/tik)	\$ _____
Gala Admission	\$ _____
How did you hear about us?	