

Family Series Package Order Form

Mail to: Carolina Ballet, 3401-131 Atlantic Ave., Raleigh, NC 27604 You may also fax this order form to: 919-719-0810
 or call the BalletLine to order by phone: 919-719-0900

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Email _____

Program	Date	Time	Seating	Price	#	Total
<i>Family Series Package</i> <i>Cinderella</i> <i>Sleeping Beauty</i>	<i>Sat. Mar. 6, 2010</i> <i>Sat. May 22, 2010</i>	<i>2:00pm</i> <i>2:00pm</i>			X	=
<i>Nutcracker</i>					X	=

*Ticket prices account for less than 50% of our total operating expenses. Please help cover the difference through your tax-deductible contribution. Thank you for supporting Carolina Ballet.

Subtotal	
Contribution*	
Handling	\$4.00
Grand Total	

Special Instructions

I need a wheelchair position
 please attach a note to your order form if you have any special seating needs

Payment

Check, made payable to Carolina Ballet, Inc.
 Visa MasterCard AMEX Discover

Card# _____ Exp. _____

Signature _____

Thank you for subscribing! This is a FINAL sale. While all programs, dates, and prices are accurate at time of printing, they are subject to change. WE REGRET WE CANNOT PROVIDE REFUNDS. All prices include \$1.00 per ticket Raleigh Convention Complex Fee. Subscriptions are filled in order of receipt. Tickets will be mailed to the address printed on this order form. If you change your address, please notify Carolina Ballet at 919.719.0900. Financial information about Carolina Ballet and a copy of its license are available from the State Solicitation Licensing Branch at 919.733.4510. The license is not an endorsement by the State.