Office Use: Section _____ Row _____ Seat _____ Ticket Pick-up Initials _____ Rev. 2.0, 1 Sept. 14 2010

Maple Youth Ballet Ticket Order Form – *The Nutcracker* December 18-23

1824 Kaiser Avenue, Irvine, CA 92614 • boxoffice@mapleconservatory.com • Tel 949-660-9930 • Fax 949-660-9932

Complete this form to purchase tickets to our *The Nutcracker* performances. If paying by credit card, you may fax the completed form to us. Please make checks payable to the Maple Youth Ballet. Purchased tickets will *not* be mailed. Instead, they will be held at the Maple Youth Ballet box office at the above address and up to 1 hour before the performance at the theatre's Will Call window. **There are no refunds or exchanges on ticket purchases. ALL SALES ARE FINAL.**

**** Required information so that we may properly order your tickets & get in touch with you, if needed.***

Your Name*: _____
First Name Last Name

Billing Address*: _____
Street Address City State Zip code

Home/Work Phone*: (_____) _____ Cell Phone: (_____) _____

E-mail address*: _____

TICKET SELECTION

Which Performance? ___Sat.12/18 at 2pm ___ Sat.12/18 at 7pm ___Sun.12/19 at 3pm ___Wed.12/22 at 7pm ___Thus.12/23 at 7pm

Specify the number of tickets next to your seating selections *(all seats are assigned and will be grouped together):*

_____ General Admission (All locations: Center Main, Left & Right Main, Mezzanine) – $28 Sat/Sun, $26 Wed/Thurs

_____ Children 12 & under, Seniors 65+ (All locations: Center Main, Left & Right Main, Mezzanine) – $22 Sat/Sun, $20 Wed/Thurs

_____ Patron Tickets – *Sunday 3pm only; preferred seating in Center Main rows D-F* – $50

Any seat preferences? (e.g., aisle, center of row, etc.) We'll do our best to accommodate you: _____

# of tickets:____ x ($28|$26) + # of tickets:____ x ($22|$20) + # of tickets: ____ x $50 per ticket = $_____ TOTAL

PAYMENT INFORMATION

Paying by (select one): _____ Cash _____ Check _____ Credit Card

Complete the following if paying by credit card:

Credit Card (select one): _____ Mastercard _____ VISA _____ AmEx _____ Discover

Card holder's Name (as it appears on the card): _____ Exp. Date (MM/YY): ____/____

Credit Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
(Enter your 16-digit credit card number)

CVC Number: _____
(this is the 3-digit code on back of the card; AmEx is 4-digit code on front of the card)

I hereby authorize the Maple Youth Ballet to charge my credit card the total ticket order amount of $ _____

_____ _____
Signature of Credit Card Holder Date

Signature:

The above information I have supplied is true and correct to the best of my knowledge. I understand that there are no refunds or exchanges on ticket purchases, that all sales are final, and that there is a $25 processing fee for all returned checks.

Signature: _____ Date: _____