

# New Paltz Ballet Theatre ~ Nutcracker 2024 Ticket Order Form

Name of Purchaser: (please print) \_\_\_\_\_

Dancer Name: \_\_\_\_\_



Ticket cost: \$33.00 per ticket

Returned check fee is \$35.00 *Cash only after one returned check*

Checks should be made payable to: **The New Paltz Ballet Theatre**

\_\_\_\_\_ # of tickets for Saturday, December 14<sup>th</sup> 2:00 performance.  
Amount enclosed \$ \_\_\_\_\_

\_\_\_\_\_ # of tickets for Saturday, December 14<sup>th</sup> 7:30 performance.  
Amount enclosed \$ \_\_\_\_\_

\_\_\_\_\_ # of tickets for Sunday, December 15<sup>th</sup> 3:00 performance.  
Amount enclosed \$ \_\_\_\_\_

I request \_\_\_\_\_ # Balcony seats for Saturday Matinee.

I request \_\_\_\_\_ # Balcony seats for Saturday Evening.

I request \_\_\_\_\_ # Balcony seats for Sunday Matinee.

Unless indicated here, all seats given will be located in Orchestra seating.

\$ \_\_\_\_\_

Total enclosed

Special seat request: Handicap seating, etc. \_\_\_\_\_  
(we will do our best to accommodate a special request, but it cannot be guaranteed)

You may submit this order form anytime from **October 14<sup>th</sup> until November 26<sup>th</sup>**. The tickets will be distributed best available seats first. If we cannot put all your requested seats together we will let you know so that you can make a decision. Your child will receive the tickets in her/his next class. **Tickets will not be held for anyone who has not enclosed full payment with this form.**

### NPBT Waiver: *Please read & Sign*

I understand that it is my responsibility to check all of my tickets and dates to make sure my order is correct as soon as I receive it. If something about my order is not correct I realize that I must call the school (255-0044) immediately and leave a message so the correction can be made. I fully understand that my tickets will not be replaced if lost. I also fully understand that my tickets cannot be exchanged for another performance date or time **after** 24 hours of having been given to me.

Purchaser's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

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### ~ for NPBT office use only ~

Date order received: \_\_\_\_\_ Total amount \$ enclosed: \_\_\_\_\_ Check#: \_\_\_\_\_

Name on Check: \_\_\_\_\_ Cash amount: \_\_\_\_\_

Total number of tickets given with this order: \_\_\_\_\_

Seats given: Sat. Mat. \_\_\_\_\_ Sat. Eve. \_\_\_\_\_ Sun. Mat. \_\_\_\_\_