

National Ballet, Inc.
Reservation Form for Schools and Groups

Name of Group or School: _____

Address: _____

Contact Person: _____ Phone: _____

Fax: _____ E-Mail: _____

Performance Date: 1st Choice _____ Time: _____
2nd Choice: _____ Time _____

Number of tickets: _____ Cost per ticket: \$ _____

Total Cost (number of tickets X Cost of ticket): \$ _____

Deposit (20% non refundable,; required to hold reservation): \$ _____

Method of Payment: Check _____ Visa _____ MC _____ Discover _____

Credit Card Payment Information:

Name on Card _____

Address _____

Phone: _____

E-Mail _____

Card # _____

Exp. Date: month _____ year _____

Mail Form with deposit to: National Ballet Company
Attn. Group Sales
P.O. Box 620
Tracy's Landing, MD 20779

Fax Form with Deposit to: 240 334-4894

Email form with Deposit to: balletnbcoffice@aol.com

Balance Due on November 20th

All sales are final and no changes can be made after November 30th.

Signature: _____ Date: _____