

Theatre for Youth Program

RESERVATION ORDER FORM

To secure seats for your selected school-time shows, you may order on-line at www.kingcenter.com. Proceed to the Theatre For Youth section of the website. If you do not have on-line access, you may use this order form to make your reservation. To ensure your reservation is processed timely and to avoid any delay, please complete all requested information. Submission of this request means that seats are being held and you intend to purchase the seats requested. You will be billed 50% of the total due for cancellation requests received less than 10 business days from the event. Only written cancellation requests are acknowledged. Best available seating is assigned at the time payment is received.

One complimentary ticket is given after every ten paid seats. SEATS ARE FINAL AND NON REFUNDABLE

Contact Name _____ Email _____

Bookkeeper Name: _____ Email _____

School Name _____

School Address _____ City _____ ST _____ Zip _____

School Phone # _____ Alternate Phone # _____

Fax # _____ Grade level of Students _____ # of Classes _____ # of Teachers _____

Indicate method of transportation _____ (ex: Bus, Van, or Car)

Request for Special Seating Accommodation: (Please indicate the number of people who will need to be seated in specially requested area)



Wheelchair _____ Hearing Impaired _____ visually impaired _____ other _____

PERFORMANCE Title	Date	Ticket Price	Total # Paid	Total # FREE	Total Tickets	Amount Due
Velveteen Rabbit	Mon Oct 22	9.00				
Letters Home	Wed Nov 7	9.00				
Bunnica	Tue Jan 22	9.00				
Peking Acrobats	Wed Feb 13	9.00				
Ellis Island-Gateway to a Dream	Tues Feb 19	9.00				
Bella & Harry-Let's Visit London!	Wed Feb 20	9.00				
Charlotte's Web	Fri Mar 1	9.00				
Jack & Jill in the Forgotten Nursery	Tue Apr 23	9.00				

PAYMENT OPTIONS

Circle method of payment: Visa Master Card American Express Discover Check Money Order

SEATS ARE ASSIGNED BEST AVAILABLE UPON RECEIPT OF PAYMENT. A reservation confirmation will be sent for orders received without payment

Credit Card Number _____ CV Code _____ Expiration date _____

Name of cardholder (If different from above)

City _____ State _____ Zip _____

Address of cardholder (If different from above)

Mail to: **King Center for the Performing Arts, Attn: TFY**
3865 N. Wickham Rd, Melbourne 32935

Fax: (321) 433-5817

Phone: (321) 433-5718