

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 selection. To avoid delay and ensure timely processing of your order, please complete **all** requested information. Submission of this request confirms your intent 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. Cancellation requests acknowledged by written notification. Best available seats is assigned at the time payment is received.

After every ten paid seats, one complimentary ticket is given. 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)

Our guests are very valuable to us:

Before purchasing your tickets, please notify us of any specific seating needs so we may best accommodate you.



Wheelchair



Hearing Impaired



Visually impaired

Other _____

PERFORMANCE TITLE	DATE	TICKET PRICE	# PAID	#FREE	TOTAL # TICKETS	AMOUNT DUE
Three Billy Goats Gruff	Tues. Oct 23, 2018	\$8.00				
Charlotte's Web	Thur. Nov 1, 2018	\$8.00				
Erth's Prehistoric Aquarium	Tues. Jan 22, 2019	\$8.00				
Science of Sound	Tues. Jan 29, 2019	\$8.00				
Buffalo Soldier	Thur. Feb 21, 2019	\$8.00				
Underwater Bubble Show	Mon. Feb 25, 2019	\$10.00				
The Hungry Caterpillar	Thur. Feb 28, 2019	\$8.00				
Artrageous	Tues. Apr 2, 2019	\$9.00				
Golden Dragon Acrobats	Wed. Apr 24, 2019	\$9.00				

PAYMENT OPTIONS

Circle method of payment: Visa Master Card American Express Discover Check Money Order
 At the time payment received, best available seating assigned. *An invoice (reservation confirmation) sent to requestor 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)

Order submission by mail:

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

● **Phone: (321) 433-5717** ● **email: kwilson@kingcenter.com**