

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 seating is assigned at the time payment is received.

After every ten paid seats, one complimentary ticket is given. SEATS ARE 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
One Night in Frogtown Live	Thur., Nov. 7, 2019	\$9.00				
The Fairy Tales of Grimm	Thur., Nov. 21, 2019	\$8.00				
Twas The Night Before Christmas	Mon. Dec. 16, 2019	\$8.00				
Ballet Flamenco LaRosa	Tues. Jan 28, 2019	\$9.00				
Aliens Alive: Space Rescue Mission	Thur. Feb 11, 2020	\$8.00				
Princess Thimbelina	Mon. Feb 24, 2020	\$8.00				
The Peking Acrobats	Wed. Mar. 4, 2020	\$9.00				
Vocal Trash"Think" Program	Tues. Mar. 24, 2020	\$8.00				
Gordon Gumshoe	Tues. Mar. 31, 2020	\$8.00				

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**