



**NEW YORK
CITY BALLET**

—
**2019
SPRING
GALA**

CHAMPAGNE BY RUINART

For further information, please contact the Special Events Office at
212-870-5585 or specialevents@nycballet.com.

Tickets will be held at the door.

The non-deductible portion of each cocktail ticket is \$200.

The non-deductible portion of each dinner ticket is \$350.

We regret that Spring Gala tickets are nonrefundable and cannot be exchanged.
Program and casting are subject to change.

COCKTAILS, PERFORMANCE, & SUPPER BALL

TABLES

- | | |
|---|---|
| — Chairman's Circle Table of 10 at \$150,000 Premium seating for the performance and Supper Ball | — Benefactor Table of 10 at \$50,000 Priority seating for the performance and Supper Ball |
| — Leadership Table of 10 at \$100,000 Prime seating for the performance and Supper Ball | — Patron Table of 10 at \$25,000 Preferred seating for the performance and Terrace or Side Promenade table for the Supper Ball |

TICKETS

- | | |
|--|--|
| — Ticket(s) at \$10,000 Prime seating for the performance and Supper Ball | — Ticket(s) at \$5,000 Preferred seating for the performance and Supper Ball |
| — Ticket(s) at \$7,500 Priority seating for the performance and Supper Ball | — Ticket(s) at \$2,500 Seating for the performance and Terrace or Side Promenade Table for the Supper Ball |
- Orchestra Preferred First Ring Preferred Either Location

COCKTAILS & PERFORMANCE ONLY

- **Ticket(s) at \$350*** (limited availability)
Cocktail Reception and Orchestra Side or Rear seating for the
performance
- **I am unable to attend** but wish to make a tax-deductible contribution
in honor of the Company \$_____.*

*A minimum contribution of \$2,500 is required to be listed as a
Benefit Committee Member.

NAME _____
*Please print your name as you wish it to appear on printed materials.**

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

GUEST NAME(S) _____

SEAT ME WITH _____

METHOD OF PAYMENT

Enclosed is a check in the amount of \$ _____ made payable to New York City Ballet.

Charge \$ _____ to:



_____ AMEX

_____ DISCOVER

_____ VISA

Card No. _____

Exp. Date _____ / _____ Security/CVV Code _____

Signature _____

Please send an invoice.

Please fax this form to **212-870-4080** or return it to NYCB Special Events in the enclosed envelope.

You may also purchase online at nycballet.com/springgala.