



NEW YORK CITY BALLET
FALL FASHION GALA 2019
THURSDAY, SEPTEMBER 26



CHAMPAGNE BY RUINART

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

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 \$500*** (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 \$_____.*

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 Fall Gala tickets are nonrefundable and cannot be exchanged.

*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/CW 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/fallgala.