

# UA Dance Season Subscription Order Form

## PLEASE PRINT CLEARLY

SUBSCRIBER INFORMATION
Name _____
Address _____
City, State, Zip: _____
** Day phone: _____
Evening phone: _____
e-mail: _____
<input type="checkbox"/> Please send me information about Dance Partners

SEATING PREFERENCES
Stevie Eller Dance Theatre
<input type="checkbox"/> Rows A - D <input type="checkbox"/> Rows E - H <input type="checkbox"/> Rows J - M
Special Seating Requests
<input type="checkbox"/> Aisle <input type="checkbox"/> Limited Stair Access
<input type="checkbox"/> Other (please attach note if necessary)
please list # of seats needed:
Wheelchair Seats: _____ Preferred seat # _____
Companion Seats: _____
All seating subject to availability, we will seat you as near to your requested location as possible.

<b>Box Office</b> Telephone: 520-621-1162		Hours: M – F from 11 – 4	<b>Fax to: 520-626-8052</b>		
Concert Series <b>INCLUDES Premium Blend</b>	<b>A</b>	Concert Series <b>WITHOUT Premium Blend</b>	<b>B</b>	<b>Parking Passes</b>	Total
<p style="text-align: center;"><b>Adult</b></p> <p>5 concert series _____ @ \$99.00 (# of seats)</p> <p style="text-align: center;"><b>Senior/Military</b></p> <p>5 concert series _____ @ \$87.00 (# of seats)</p> <p style="text-align: center;"><b>UA Employee</b></p> <p>5 concert series _____ @ \$80.00</p> <p style="text-align: center;"><b>Student</b></p> <p>5 concert series _____ @ \$53.00</p>		<p style="text-align: center;"><b>Adult</b></p> <p>4 concert series _____ @ \$78.00 (# of seats)</p> <p style="text-align: center;"><b>Senior/Military</b></p> <p>4 concert series _____ @ \$67.00 (# of seats)</p> <p style="text-align: center;"><b>UA Employee</b></p> <p>4 concert series _____ @ \$67.00</p> <p style="text-align: center;"><b>Student</b></p> <p>4 concert series _____ @ \$40.00</p>		<p>Bonus for subscribers - discount parking passes that allow you to park on the UA Mall when you attend UA Dance concerts Oct. 2009 – <b>April 2010.</b></p> <p>Series A Pass \$25.00</p> <p>Series B Pass \$20.00</p>	<p>Subscription Tickets: = \$ _____</p> <p>Tickets are not a tax deductible donation <i>Your tix will be held at the Will Call Window</i></p> <p>Parking Pass: = \$ _____</p> <p><i>Mail fee = \$2</i></p>

CIRCLE ONE DATE FOR EACH PROGRAM					
PROGRAM TITLE	Evening – 7:30 pm			Matinee – 1:30 pm	
	Thur.	Fri.	Sat.	Sat.	Sun.
The New Vaudeville Revue	Nov 12	Nov 13	Nov 14	Nov 14	
In the Season Student Spotlight	Dec 3	Dec 4	Dec 5		Dec 6
Premium Blend	Feb 18	Feb 19	Feb 20		Feb 21
	Feb 25	Feb 26	Feb 27		Feb 28
The Next Generation Student Spotlight	Apr 15			Apr 17	
	Apr 22			Apr 24	
Spring Collection		Apr 16	Apr 17		Apr 18
		Apr 23	Apr 24		Apr 25

**Mail to:** Subscriptions –  
School of Dance Box Office  
The University of Arizona  
PO Box 210003  
Tucson, AZ 85721-0003

Subscription	= \$
Contribution (tax deductible)	= \$
Parking Pass	= \$
Handling Fee	= \$ 8.00
Mail fee (optional)	= \$ 2.00
<b>TOTAL PAYMENT</b>	<b>= \$</b>

For Box Office Use Only
DOR _____
PID _____

Payment (checks payable to The University of Arizona)
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover    Exp. Date _____
Acct # _____
Sign _____