

# The School of American Ballet

AT LINCOLN CENTER

## Workshop Performance Benefit

Monday, June 5, 2017 – Peter Jay Sharp Theater

**Chairmen** Edith Fassberg • Maureen Footer • Perry Granoff • Clara Xing-Wang

**Honoree** Marjorie Van Dercook

**Program** Scènes de Ballet • Hallelujah Junction • Scotch Symphony

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*Please respond by Monday, April 3 to be listed on the event invitation.*

I am pleased to join the Benefit Committee and would like to reserve:

\_\_\_\_\_ **\$40,000 Balletomane Table(s)**  
**Semester of Pilates and physical therapy for the advanced division**  
• Prime seating for 10 at performance and dinner • Invitation to a showing of student choreography and cocktail reception • Listing as a Balletomane on event material

\_\_\_\_\_ **\$25,000 Virtuoso Table(s)**  
**Full year scholarship for an advanced student**  
• Preferred seating for 10 at performance and dinner • Invitation to a private luncheon and class observation • Listing as a Virtuoso on event material

\_\_\_\_\_ **\$15,000 Principal Table(s)**  
**Four stops on the National Audition Tour**  
• Seating for 10 at performance and dinner • Invitation to a class observation • Listing as a Principal on event material

\_\_\_\_\_ **\$5,000 Plié Ticket(s)**  
**One year of piano accompaniment for a class**  
• Prime seating at performance and dinner • Listing as Plié Patron on event material

\_\_\_\_\_ **\$2,500 Pirouette Ticket(s)**  
**Scholarship for a Girls I student for one year**  
• Preferred seating at performance and dinner • Listing as Pirouette Patron on event material

\_\_\_\_\_ **\$1,500 Relevé Ticket(s)**  
**One semester of nutritious late-night snacks for resident students**  
• Seating at performance and dinner • Listing in the Benefit Committee on event material

\_\_\_\_\_ **\$350 Barre Ticket(s)**  
**Exclusively for Young Patron Donors 21-30**

I am unable to attend. Please accept my 100% tax-deductible contribution of \$\_\_\_\_\_.

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Enclosed is my check payable to **School of American Ballet**

Please charge \$\_\_\_\_\_ to my:  American Express  Visa  MasterCard

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_  
(Please PRINT your name as you wish to be listed on all benefit materials)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*The non-deductible portion of each ticket is \$280.*