

# THE NUTCRACKER

## FAMILY BENEFIT

Saturday, December 9, 2017 at 2 PM

David H. Koch Theater, Lincoln Center

### \_\_\_ Gingerbread House Table of 10 at \$25,000

- \* 10 premium tickets to the performance and party
- \* Backstage visit to the Land of Sweets for 10
- \* Behind-the-scenes tour for 10 *(at a later date)*
- \* One personalized photo with a Snowflake dancer
- \* Your children's names included on the Polichinelles Committee
- \* Listing as a Benefit Committee Member

### \_\_\_ Nutcracker Table of 10 at \$14,000

- \* 10 prime tickets to the performance and party
- \* Backstage visit to the Land of Sweets for 10
- \* One personalized photo with a Snowflake dancer
- \* Your children's names included on the Polichinelles Committee
- \* Listing as a Benefit Committee Member

### \_\_\_ Sugarplum Fairy Table of 10 at \$9,000

- \* 10 tickets to the performance
- \* Second Ring or side Promenade seating for the party
- \* One personalized photo with a Snowflake dancer
- \* Your children's names included on the Polichinelles Committee
- \* Listing as a Benefit Committee Member

### \_\_\_ Dew Drop Ticket(s) at \$1,500

- \* One preferred ticket to the performance and party
- \* Your children's names included on the Polichinelles Committee
- \* Listing as a Benefit Committee Member

### \_\_\_ Land of Sweets Ticket(s) at \$850\*

- \* One ticket to the performance
- \* Second Ring or side Promenade seating for the party

### \_\_\_ Mouse King Ticket(s) at \$450\* *(limited availability)*

*Exclusively for children ages 16 and under*

- \* One ticket to the performance and party

\* A minimum contribution of \$1,500 total is required to be listed as a Benefit Committee Member.

I am **unable to attend**, but wish to make a tax-deductible contribution of \$ \_\_\_\_\_.\*

Name \_\_\_\_\_

**NOTE: Please print your name as you wish it to appear on our printed materials.\***

Your children's names for the Polichinelles Committee \_\_\_\_\_

**NOTE: With the purchase of a Dew Drop level ticket or higher.**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Guest name(s) \_\_\_\_\_

Seat me with \_\_\_\_\_

**Performance Seating Preference:**  Orchestra  First Ring  Either location

**Please indicate the number of people in your party:** \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Payment Options:**  Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to **The School of American Ballet.**

Charge \$ \_\_\_\_\_ to my credit card:  American Express  MasterCard  VISA

Credit Card No. \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please return this form in the enclosed envelope to the School of American Ballet, Special Events, 70 Lincoln Center Plaza, New York, NY 10023, or fax it to (917) 591-7677. For further information, contact the Special Events Office at (212) 769-6636 or nschweizer@sab.org. The non-deductible portion of each ticket is \$200. We regret that benefit tickets are non-refundable and cannot be exchanged.