



2009-2010 SEASON TICKET ORDER FORM

MAILING INFORMATION

Your season tickets will be mailed on or about August 15, 2009, to the address below. Please complete all requested information for the KPAS data base system. This information will be kept confidential and will not be shared or sold.

Customer Name _____
Address _____
City, State/Zip Code _____
Telephone _____
e-mail address _____

PROGRAM

Please check the appropriate box as to whether or not you wish to have your name in the KPAS program. If your response is YES, please PRINT your name in the space provided.

YES! Please print my name in the program as follows:

 NO! I wish to remain ANONYMOUS.

SEATING REQUESTS

KPAS will be offering two performances by each artist. Please check box for your performance preference.

Opening Performance (First of Two Performances) Closing Performance (Second of Two Performances)

Reserved seating will be assigned as **BEST AVAILABLE SEATING** (based on the date the order form/payment is received) with first priority given to **SPONSORS and DONORS**. KPAS will make every attempt to provide you with seating as close as possible to your requested Section and Row as listed below.

REQUESTED SECTION: Left / Middle / Right (circle one)

REQUESTED ROW: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

If you are requesting to block seats with other season ticket holders, please submit the ticket order forms for all members of your party in the **same** envelope. Please list parties in your block seating below:

Block seating with: _____

SPECIAL NEEDS

Wheelchair accessibility may be important to you...that's why we want to know if you need wheelchair accessible seating when you purchase your tickets. The Cailloux Theater has wheelchair accessible seating and we want to make every effort to accommodate your needs. Please check this box if wheelchair accessibility is required.

Special needs (e.g., legally blind) may be important to you...that's why we want to know if you have needs that require special attention when you purchase your tickets. Please check this box if you have special needs and describe your special needs in the space below:

SPECIFIC NEEDS: _____

SEASON TICKET ORDER

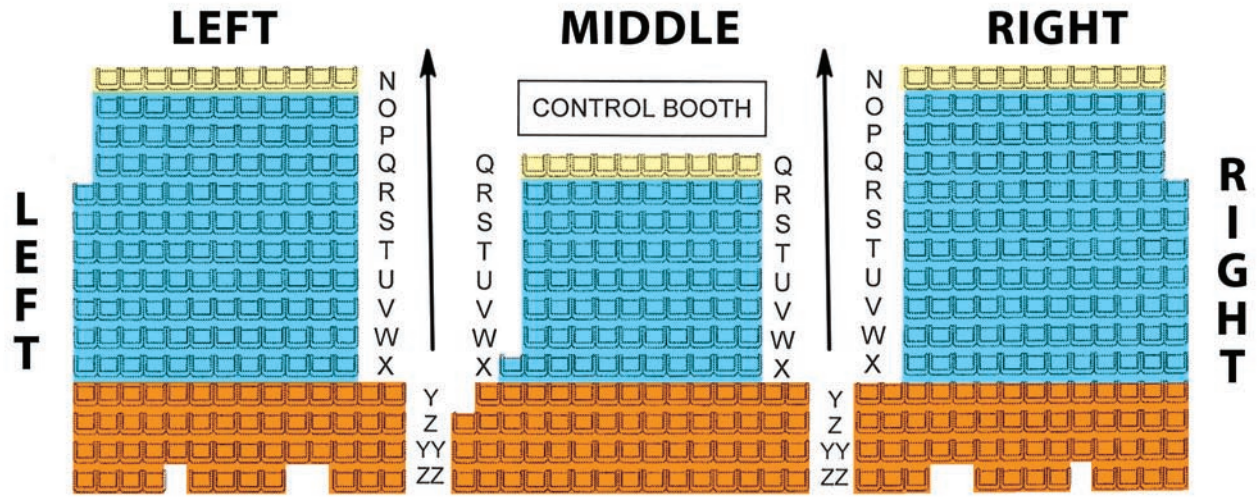
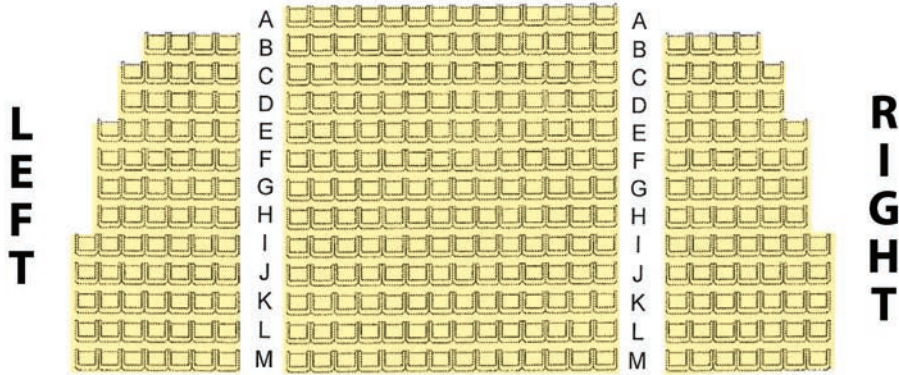
SPONSOR:	Platinum Level – includes 8 Priority (Yellow Section) Season Tickets	_____ @ \$10,000 = _____
	Gold Level – includes 6 Priority (Yellow Section) Season Tickets	_____ @ \$5,000 = _____
	Silver Level – includes 4 Priority (Yellow Section) Season Tickets	_____ @ \$2,500 = _____
DONOR:	Angel – includes 4 Priority (Yellow Section) Season Tickets	_____ @ \$1,250 = _____
	Fellow – includes 3 Priority (Yellow Section) Season Tickets	_____ @ \$750 = _____
	Patron – includes 2 Priority (Yellow Section) Season Tickets	_____ @ \$500 = _____
	Friend – includes 1 Priority (Yellow Section) Season Ticket	_____ @ \$250 = _____
SUBSCRIBER:	Mid-Level Section – includes 1 Blue Section Season Ticket	_____ @ \$150 = _____
SUBSCRIBER:	Upper Section – includes 1 Orange Section Season Ticket	_____ @ \$100 = _____

See back for seating selection.

SUMMARY

KPAS 2009-2010 Season Ticket Order	Total Season Amount \$ _____
KPAS Nutcracker Special Event Ticket Order	Total Nutcracker Amount \$ _____
<i>Please attach a completed "Nutcracker In The Hills" order form.</i>	
Additional Tax-Deductible Contribution	Donation Amount \$ _____
<input type="checkbox"/> Endowment Fund <input type="checkbox"/> Matching Grants <input type="checkbox"/> Scholarship Fund	
Make checks payable to: <i>Kerrville Performing Arts Society</i>	TOTAL AMOUNT DUE \$ _____

CAILLOUX THEATER



Kerrville Performing Arts Society

P.O. Box 291884 – Kerrville, TX 78029

Message Phone: 830-896-5727

Website: www.kpas.org