



Donna L. Muzio, Artistic Director & Founder
Nancy Page, Resident Choreographer
Tim Early, Brandywine Contemporary

BALLET RESERVATION FORM

A non-refundable \$75 deposit is required for all performances.

Please note that we cannot accept any reservation without a deposit.

The best available seating is assigned on a first come, first served basis so reserve early!

Final payment must be received by the Brandywine Ballet office 2 weeks prior to the performance.

If paying final balance via credit card, please call the office 2 weeks prior to the performance.

Please note that final payments cannot be made at the Theatre on the day of the performance.

FALL REPERTOIRE **Featuring Carmina Burana**

Check Your Performance Date:

_____ Saturday, October 10, 2026 at 7 pm

_____ Sunday, October 11, 2026 at 2 pm

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Teacher/Supervisor: _____ Cell Phone: _____

PLEASE NOTE: In the event of snow or other urgent news please provide us with the following:

Email: _____ Cell Phone: _____

Please fill out your number of seats and payment information. Contact us if your count changes.

Number of Student/Senior Seats @ \$20: _____ = \$ _____

Number of Teacher/Chaperone/Assistant Comps (1 ticket per 15 students/seniors): _____ = \$ _____

Number of Additional Adults @ \$20: _____ = \$ _____

Total Number of Seats: _____ = \$ _____

Less Deposit Received: _____ = \$ _____

Balance Due: _____ = \$ _____

Please let us know any special needs for your group:

_____ Enclosed is a check payable to Brandywine Ballet

_____ Please charge MC/VISA # _____ Expires _____

Name on Card: _____ CVC: _____ Zip Code: _____

Weather Policy: In the case of inclement weather, it is at the discretion of Brandywine Ballet as to the continuation and scheduling of the performance. If you are unable to attend due to school or transportation policies, we will work with your group to attend another performance this season.

Tickets will be located in the Pink Section of the theatre. Wheelchair seating available upon request.

For Office Use Only

Reservation date: _____

Deposit Payment Received: _____ \$ _____

Final Payment Received: _____ \$ _____

Check#/CC: _____

Check#/CC: _____