

## Pensacola Opera Season Ticket Orders

Phone: Call (850) 433-6737 Mon-Fri 8:30am-5:30pm and charge to your Visa, MasterCard, American Express or Discover .

Mail: Pensacola Opera, PO Box 1790, Pensacola, FL 32591-1790

Fax: (850) 433-1082

In Person: Pensacola Opera Center, 75 S. Tarragona St, Pensacola, FL. Office hours are 8:30am-5:30pm, Mon-Fri.

### SEASON SUBSCRIPTION

(all prices are at season discount rate)

#### *Così fan Tutte*

The University of West Florida

Friday, January 23 7:30 PM

Tuesday, January 27 7:30 PM

Friday, January 30 7:30 PM

Sunday, January 25 2:00 PM

Sunday, Feb 1<sup>st</sup> 2:00 PM

#### **Floor (Reserved Seating)**

Single	Season	x	_____	=	\$ _____
\$50	\$45	x	_____	=	\$ _____

Requested Seats (we will do our best to honor all requests): \_\_\_\_\_

#### *Aida*

The Saenger Theatre

Friday, May 1 7:30pm

Sunday, May 3 2:00PM

#### **Balcony**

**Grand Tier** (Balcony Rows A-D) (call for availability)

**Dress Circle Prime** (Balcony Rows E-H)

**Dress Circle** (Balcony Rows J-M)

**Family Circle** (Balcony Rows N-U)

#### **Floor**

**Orchestra Prime** (Floor Rows C-R)

**Orchestra** (Floor Rows A-B & S-W)

**Orchestra Terrace** (Floor Rows X-CC)

Single	Season	x	_____	=	\$ _____
\$120	\$90	x	_____	=	\$ _____
\$60	\$50	x	_____	=	\$ _____
\$45	\$35	x	_____	=	\$ _____
\$25	\$20	x	_____	=	\$ _____
\$80	\$65	x	_____	=	\$ _____
\$60	\$50	x	_____	=	\$ _____
\$30	\$25	x	_____	=	\$ _____

Requested Seats (we will do our best to honor all requests): \_\_\_\_\_

I need wheelchair access

Other accessibility needs? Please describe \_\_\_\_\_

#### **Other Events**

*Così Opening night Reception (Friday January 23rd):* \$35 x \_\_\_\_\_ = \$ \_\_\_\_\_

*Così Director's Brunch (Sunday January 25<sup>th</sup>):* \$40 x \_\_\_\_\_ = \$ \_\_\_\_\_

*Aida Opening night Reception (Friday, May 1<sup>st</sup>):* \$35 x \_\_\_\_\_ = \$ \_\_\_\_\_

*Aida Director's Brunch (Sunday, May 3<sup>rd</sup>):* \$40 x \_\_\_\_\_ = \$ \_\_\_\_\_

Ticket Total: \$ \_\_\_\_\_

I am supporting Pensacola Opera with a tax-deductible donation of: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Enclosed is my check  Please charge my credit card

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_