



**ALAN JAY
WILDSTEIN**
CENTER for the
PERFORMING ARTS
at SOUTH FLORIDA STATE COLLEGE

Please complete the back of this form to indicate desired seating area. Please indicate 1st, 2nd and 3rd seating choices.

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

EMAIL _____

Ticket Prices

Indicate # of tickets requested

Gold \$121.00 x _____ = \$ _____

Silver \$110.00 x _____ = \$ _____

Bronze \$ 95.00 x _____ = \$ _____

Total Ticket Amount

Ticket total \$ _____

Processing Fee \$5 per ticket \$ _____

Donation** \$ _____

_____ Postage/Handling \$ 10.00

OR

_____ Pick up at Box Office \$ No Charge

TOTAL DUE \$ _____

METHOD OF PAYMENT-Credit Card or Check

Circle One: VISA, MASTERCARD, DISCOVER

Exp. Date _____ 3 digit Code _____

Located on back of card

Signature _____

Checks should be made payable to SFSC

Check # _____

**New Season Ticket Orders
for
2017-18 Trending Now Series**

**ALL TICKET SALES ARE FINAL,
NO REFUNDS OR EXCHANGES.**

**Please complete all sections of
this form and mail it back to:**

SFSC Box Office
600 W. College Dr. #214
Avon Park FL 33825
(863) 784-7178

Alternate Address if Applicable

Dates at this Address _____

Phone # _____

Email Address _____

Donations

Archangel _____ \$500

Angel _____ \$250

Patrons _____ \$100

Friends _____ \$60

****Donations over \$60 get a listing in the
Playbill. Please indicated how you want to
be listed:** _____

Office Use Only Date Rec'd _____

2017-18 Seats _____ Section G S B

Total Received \$ _____

Assigned to: _____ Date Entered: _____

Entered by Initials: _____ Date Tix Printed: _____

PCI data: PU mail _____

Open by _____ & _____

SFSC SUBSCRIBER SEATING CHOICES Number of Subscriptions Wanted

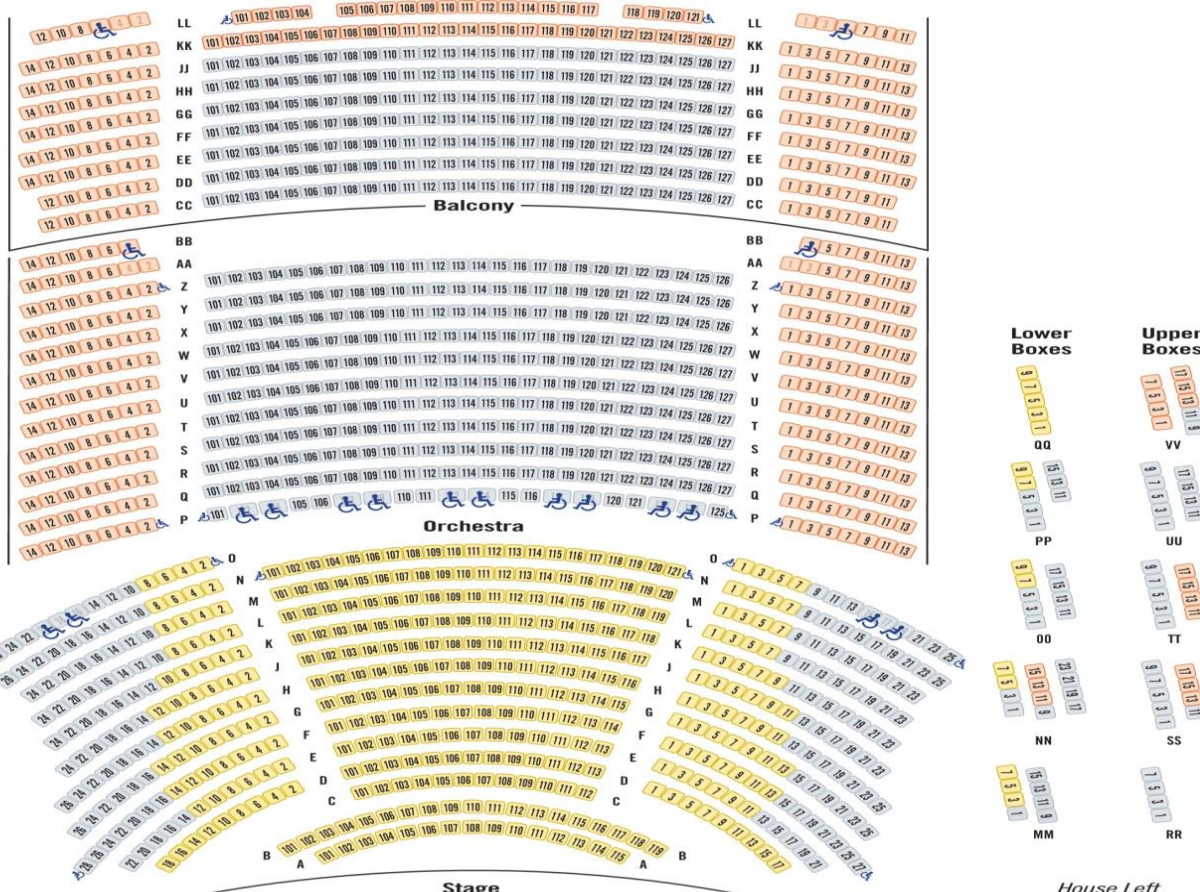
SUBSCRIPTION PACKAGES 2017-18 GOLD \$ 121.00 SILVER \$ 110.00 BRONZE \$ 95.00

Requests for seat changes will be time/date stamped upon receipt and will be processed on a "first-come, first-serve" basis. **Please complete the 1st, 2nd and 3rd choices** providing a range of rows and seats acceptable to you so we can best accommodate your preferences. If we cannot accommodate any of your choices, we will contact you. **SPECIAL REQUESTS:** (i.e. wheelchair accessibility)

Section Level Requested:	Area	First Choice				Second Choice				Third Choice
		Row(s)		Seat(s)		Row(s)		Seat(s)		
		From	To	From	To	From	To	From	To	
Gold <input type="checkbox"/>	Orchestra Level, Lower - Left									Best Available:
Silver <input type="checkbox"/>	Orchestra Level, Lower - Center									Balcony <input type="checkbox"/>
Bronze <input type="checkbox"/>	Orchestra Level, Lower - Right									Orchestra Level <input type="checkbox"/>
										Lower Box <input type="checkbox"/>
	Orchestra Level, Upper - Left									Upper Box <input type="checkbox"/>
	Orchestra Level, Upper - Center									
	Orchestra Level, Upper - Right									Reclaim original seat <input type="checkbox"/>
	Balcony - Left									No seats (return application) <input type="checkbox"/>
	Balcony - Center									
	Balcony - Right									
	Lower Box, Left									
	Lower Box, Right									
	Upper Box, Left									
	Upper Box, Right									

Please circle desired seating areas below:

- Gold
- Silver
- Bronze
- ♿ Wheelchair Space
- ♿ ADA Seating



FIRST TWO ROWS (A & B) ARE NOT AVAILABLE FOR SUBSCRIPTION SALES