HARRIS 2009 2010 Broadway SEASON

**LEGALLY BLONDE** Nov 3 & 4, 2009
**AVENUE Q** Dec 8 & 9, 2009
**SOUTH PACIFIC** Jan 19 & 20, 2010
**A CHORUS LINE** Feb 16 & 17, 2010

# FOUR SHOWS • SAME SEATS • ONE PRICE

| Section Preference | Tues. 8pm | Wed. 2pm | Wed. 8pm |
|---|---|---|---|
| ☐ Price Level 1 • Orchestra/ Grand Tier | $229.00 | $219.00 | $229.00 |
| ☐ Price Level 2 • Grand Tier | $185.00 | $175.00 | $185.00 |
| ☐ Price Level 3 • Grand Tier | $119.50 | $109.50 | $119.50 |

FOR OFFICE USE ONLY

## Please Reserve my **Harris Broadway Season**

**Tues. 8pm** or **Wed. 2pm** or **Wed. 8pm**
*Circle your preferred showtime*

[ ] # of seats x [ ] Price/seat = [ ] Total/Broadway Series

*Please fill out this form very carefully. Revisions to your order are NOT PERMITTED.*
*All patrons, including infants must have a ticket.*

Patrons wishing to sit together need to submit orders together.

**FRIENDS OF THE KING CENTER** ☐ Friend $100 ☐ Supporter $200 ☐ Investor $250 ☐ Founder $500

Print your name here as you wish it to be acknowledged _____

Please print and fill in completely

_____
King Center Account Number:

_____
**PRIMARY Phone**

_____
Daytime Phone

_____
Evening Phone

_____
Cell Phone

_____
Summer Phone

_____

Would you prefer the **3 payment plan?** YES NO

PRE-PAID RESERVED PARKING
$8 per show [ ]
**TOTAL** [ ]

**METHOD OF PAYMENT:** Check enclosed, payable to King Center.

My Check #_____ Amount $_____

Please charge my ☐ MASTERCARD ☐ VISA

Credit Card #_____

Name on Credit Card _____

Expiration Date _____

Signature _____

In planning a season, care is taken to avoid scheduling conflicts/changes, however, prices, shows, schedules and artists are subject to change.Prices include season ticket discounts, service and handling fees, postage, facility fees and applicable taxes.

Due to a disability, I require the following special seating: _____

Wheelchair Accommodations requested: YES NO (please circle preference)

## SUBSCRIBER INFORMATION

My PRIMARY Email Address:

_____
Name

_____
PRIMARY Address

_____
City State Zip Code

_____
ALTERNATE Address below:

_____
City State Zip Code

_____
U.S. Mail my tickets to: ____ PRIMARY Address ____ Alternate Address

## FAX

**FAX** Visa or Mastercard orders:
TOLL FREE TO: 1(866)287-0487 If an error occurs during transmission, mark 2nd fax "duplicate"

## DROP OFF

**DROP OFF** (with payment) at:
King Center Ticket Office
Summer hours: 10 am-2 pm, Mon-Fri

## MAIL

**U.S. MAIL** (with payment) to:
King Center Broadway Series
3865 N.Wickham Rd, Melbourne, FL 32935

**WE LOVE A CROWD!**
**20+ Special Benefits!**
**Call 321-433-5824**
**www.kingcenter.com/groupsales**

**www.kingcenter.com**