YES, I will attend MYB's 2015 Gala; please reser	rve the following:
Tickets:	
Event Ticket(s) at \$150 per person	
Young Adult Ticket(s) at \$75 per per	cson (35 years and younger)
Tables: (seating for I0)	
Arabesque Tables at \$5,000 per table	e
Penché Tables at \$2,500 per table	
Brisé Tables at \$1,500 per table	
I would like to make a tax-deductible contribution Donation: \$	
Ticket for MYB faculty member at \$150: \$_	
Amount enclosed for Ticket(s):	\$
Amount enclosed for Table(s):	
Amount enclosed as Donation:	
TOTAL ENCLOSED:	\$
NAME(S)	
STREET ADDRESS	
CITY, STATE, ZIP	
EMAIL	
DIVO VI	

PLEASE SEE REVERSE SIDE FOR SEATING AND PAYMENT INFORMATION.

INDIVIDUAL TICKET SEATING: Name: _____ Guest Name(s): Please seat me/us with my child's class level and/or with the following persons: _____ TABLE SEATING- please seat the following people at my table: 9. PAYMENT INFORMATION: Cash: \$ ____ Check: # ____ (Payable to MYB Gala) *Credit Card: # Name on Card: _____ Exp Date: (VISA MC AMEX)

CREDIT CARD PAYMENTS MAY ALSO BE MADE ONLINE AT: www.MarylandYouthBallet.org/Support/Gala

*Please note that there is a processing fee of \$5.00 per ticket for all credit card orders.