RAVINIA 2010
RESERVED SEAT ORDER FORM

If the price category for a particular performance is sold out, please:
☐ substitute available price tickets ☐ return payment

If reserved seating for a particular performance is sold out, please:
☐ substitute lawn admission tickets ☐ return payment

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone ( ) _____ E-mail _____

☐ I wish to charge this purchase to:
☐ DISCOVER CARD ☐ Visa ☐ MasterCard ☐ Amex
Official card of Ravinia Festival

☐ My check is enclosed.
(Please make payable to Ravinia Festival Association.)

Number _____ Expiration Date _____

Signature _____
I agree to pay total amount according to card issuer agreement.

Please note: Tickets ordered 10 days or less before the performance will be held for collection at the Box Office.

Date	Performance	No. of Tickets	Ticket Price	Sub Total

(A) Total face value of tickets ordered	*$*	
*(B) I want to help Ravinia maintain its excellence in music and community outreach programs with my **contribution.****	*$*	
(C) Handling charge	*$*	*7.00*
Add lines A through D for total value of order $		

**Contributors of $250 or more receive a 20% discount on reserved seats ordered on this form. Orders must be received by May 14.*