

BODYVOX 2018-19 SEASON ORDER FORM

1. SELECT YOUR SERIES DATES

	THE CUTTING ROOM	PEARL DIVE PROJECT
<input type="checkbox"/> Opening Night (Thursday 7:30PM)	1/24/19	4/4/19
<input type="checkbox"/> First Friday (7:30PM)	1/25/19	4/5/19
<input type="checkbox"/> First Saturday (7:30PM)	1/26/19	4/6/19
<input type="checkbox"/> 2nd Thursday (7:30PM)	1/31/19	4/11/19
<input type="checkbox"/> 2nd Friday (7:30PM)	2/1/19	4/12/19
<input type="checkbox"/> Saturday Matinee (2PM)	2/2/19	4/13/19
<input type="checkbox"/> 2nd Saturday (7:30PM)	2/2/19	4/13/19

2. CHOOSE YOUR SEATING AREA

PREMIUM SEATING:	\$110.00 x # of season tickets _____ = \$ _____
SELECT SEATING:	\$100.00 x # of season tickets _____ = \$ _____
ECONOMY SEATING:	\$80.00 x # of season tickets _____ = \$ _____
FRINGE SEATING:	\$60.00 x # of season tickets _____ = \$ _____

3. SELECT CONTACT FILM FESTIVAL DATES

Contact Dance Film Festival events are complementary with your season order. Three distinct programs, Two screenings each. Select one date for each program.

DANCING OVER BORDERS	DANCE@30FPS	TBD FILM
<input type="checkbox"/> 5/9/2019 (7:30PM)	<input type="checkbox"/> 5/10/2019 (7:30PM)	<input type="checkbox"/> 5/9/2019 (7:30PM)
<input type="checkbox"/> 5/11/2019 (6PM)	<input type="checkbox"/> 5/11/2019 (8PM)	<input type="checkbox"/> 5/11/2019 (9PM)

4. ADD \$21 TICKETS FOR OUR SPECIAL HOLIDAY TREAT, BLOODYVOX!

Select BloodyVox Performance Date

<input type="checkbox"/> 10/11/2018 (7:30PM)	<input type="checkbox"/> 10/18/2018 (7:30PM)
<input type="checkbox"/> 10/12/2018 (7:30PM)	<input type="checkbox"/> 10/19/2018 (7:30PM)
<input type="checkbox"/> 10/13/2018 (7:30PM)	<input type="checkbox"/> 10/20/2018 (2PM)
	<input type="checkbox"/> 10/20/2018 (7:30PM)

\$21.00 x # of tickets _____ = \$ _____

5. CALCULATE YOUR TOTAL

PACKAGE TOTAL	\$ _____
BLOODYVOX TICKET TOTAL	\$ _____
MAKE A CONTRIBUTION	\$ _____
ORDER TOTAL	\$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

PAYMENT METHOD

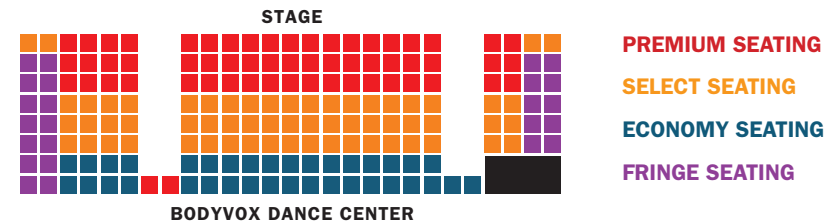
- Check (payable to BodyVox)
 Visa Master Card Amex Discover

Name as it appears on card _____

Card Number _____

Exp. Date ____ / ____ Security Code _____

Signature _____



SUBMIT YOUR ORDER

PHONE: 503.229.0627

MAIL THIS FORM OR VISIT THE BODYVOX BOX OFFICE:

BodyVox Dance Center
 1201 NW 17th Ave.
 Portland, OR 97209

EMAIL: audience@bodyvox.com

FAX: 503.224.8227