



<i>Office Use Only</i>	
Form Received	_____
Payment Received	_____
Check Amount	_____
Check No.	_____
Invoice	_____

**Children's Spotlight on Ballet  
Reservation Form**

Presented at the Selena Auditorium-American Bank Center  
Program is approximately one hour long.  
Appropriate age levels: Elementary through College

School \_\_\_\_\_ Principal \_\_\_\_\_  
 Contact's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact's Email \_\_\_\_\_  
 Contact's Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Select performance date(s) and time(s)

<input type="checkbox"/> <b>The Nutcracker</b>	<input type="checkbox"/> 10:00 a.m.	<input type="checkbox"/> 12:00 p.m.
<b>Friday Dec. 8, 2017</b>		
No. of Students _____ + No. of Adults _____ = Total _____ @ \$2.00 each = \$ _____		
No. of Buses _____ No. of Cars _____ No. of Handicapped seats _____		

<input type="checkbox"/> <b>Giselle</b>	<input type="checkbox"/> 10:00 a.m.
<b>Friday April 20, 2018</b>	
No. of Students _____ + No. of Adults _____ = Total _____ @ \$2.00 each = \$ _____	
No. of Buses _____ No. of Cars _____ No. of Handicapped seats _____	

Please mail or fax completed form for Nutcracker by **Friday, Nov. 17, 2017** to:

Corpus Christi Ballet  
1621 N. Mesquite St.  
Corpus Christi, Texas 78401  
or  
Fax: 361-881-9291

Any questions or more information on  
reservations please contact

**James Edward Vargas**

Phone: 361-882-4588

Email: [cbschoolshows@sbcglobal.net](mailto:cbschoolshows@sbcglobal.net)

**Make checks payable to Corpus Christi Ballet**

Seating assignments are first-come, first serve based on receipt of registration form and payment. Reservation for **Giselle** will continue through **April 6, 2018**. Thank you for your interest and continued support of the arts for all students. We look forward to seeing you!