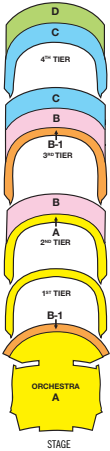


2009-2010 DISCOUNT PACKAGE ORDER FORM

VENUE INFORMATION



ARSH T CENTER: ZIFF BALLET OPERA HOUSE

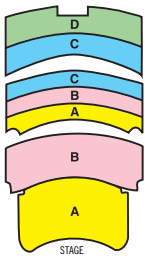
Adrienne ArshT Center
FOR THE PERFORMING ARTS OF MIAMI-DADE COUNTY

1300 Biscayne Boulevard
Miami

Fridays 8pm, Saturdays 8pm
Sundays 2pm

PROGRAM I October 23-25
PROGRAM II January 8-10
PROGRAM III February 5-7
PROGRAM IV April 9-11
NUTCRACKER

Fri. December 18 7:30pm
Sat. December 19 2:00pm
Sat. December 19 7:30pm
Sun. December 20 2:00pm
Tues. December 22 7:30pm
Wed. December 23 7:30pm



BROWARD CENTER: AU-RENE THEATER

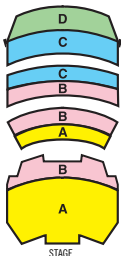
Broward Center
FOR THE PERFORMING ARTS

201 SW 5th Avenue
Ft. Lauderdale

Fridays 8pm, Saturdays 2pm & 8pm
Sundays 2pm

PROGRAM I November 6-8
PROGRAM II January 22-24
PROGRAM III February 12-14
PROGRAM IV March 12-14
NUTCRACKER

Fri. December 11 7:30pm
Sat. December 12 2:00pm
Sat. December 12 7:30pm
Sun. December 13 2:00pm
Sun. December 13 7:30pm



KRAVIS CENTER: DREYFOOS HALL

KRAVIS CENTER
FOR THE PERFORMING ARTS

701 Okeechobee Boulevard
West Palm Beach

Fridays 8pm, Saturdays 2pm & 8pm
Sundays 1pm

PROGRAM I November 20-22
PROGRAM II January 15-17
PROGRAM III February 19-21
PROGRAM IV April 16-18

TICKET INFORMATION

	A-1*	A	B-1*	B	C	D
4-PROGRAM SUBSCRIPTION PACKAGE	\$635	\$305	\$249	\$210	\$105	\$69
2-PROGRAM SUBSCRIPTION PACKAGE	\$330	\$160	\$130	\$112	\$55	\$36
NUTCRACKER (WITH PACKAGE)	\$58	\$48	\$44	\$38	\$27	\$19

SUBSCRIBERS GET NUTCRACKER DISCOUNTS!

*These are the best seats in the A/B sections; A-1 seating on Friday opening nights requires Artist's Circle Membership. B-1 seats are only available at The ArshT Center. A-1 seating is available to everyone for all Nutcracker performances.

ORDER FORM

Please complete the section below and mail it to us at
2200 Liberty Ave., Miami Beach, FL 33139 or fax credit card orders to us at (305) 929-7012

4-PROGRAM PACKAGE ARSH T CENTER BROWARD CENTER KRAVIS CENTER
2-PROGRAM PACKAGE (CIRCLE 2) I II III IV

# OF SEATS	SECTION	DAY	TIME	PRICE	\$ TOTAL

NUTCRACKER ARSH T CENTER BROWARD CENTER

# OF SEATS	SECTION	DAY	TIME	PRICE	\$ TOTAL

Total due (including a \$7.50 handling charge) is \$ _____

Enclosed is my check payable to Miami City Ballet

Please charge my MasterCard Visa American Express

Card Number _____ Exp. Date _____

Authorized Signature _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

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from outside Miami-Dade County at (877) 929-7010

Tickets for multiple programs must be at the same time and same theater
to qualify for the discount.

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ARTISTIC DIRECTOR EDWARD VILLELLA

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