

Wichita Grand Opera

Chairman's Opera Ball

Reservation Form

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Corporation/Org.: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Ticket Options *(please specify quantity)*

_____ @ \$200 per person, \$140 of which is tax-deductible

_____ @ \$700 per table of 4, \$460 of which is tax deductible

_____ @ \$900 per table of 6, \$540 of which is tax deductible

_____ @ \$1,200 per table of 8, \$720 of which is tax deductible

_____ @ \$1,500 per table of 10, \$900 of which is tax deductible

Payment Options

Please charge my credit card \$ _____

Visa, Mastercard or Discover only

Card Number: _____ / _____ / _____ / _____

Exp. Date: _____ C.V.V. Code: _____ *(on back)*

Name on Card: _____

Signature: _____

Enclosed is my check for \$ _____

I am unable to attend but wish to send a donation of \$ _____

Send this form via mail to: Wichita Grand Opera
225 W. Douglas Ave.
Wichita, KS 67202

Or via fax to: 316.262.8054

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