



Community Ticket Policy

Thanks to the generosity of our donors, Nashville Ballet is able to distribute free tickets to social service agencies (serving economically under resourced populations) and the communities they serve.

FOR ADMINISTRATIVE USE ONLY

Organization Name: _____

Contact Name: _____

FIRST NAME LAST NAME

Contact Title: _____

Contact Email: _____

Contact Phone Number: _____

Requests must be submitted at least one week prior to the performance.

Ticket Holder / Primary Contact

FIRST NAME LAST NAME

Email: _____

Phone Number: _____

Preferred Performance Date: _____

Preferred Performance Time: _____

Number of tickets requested _____
(Tickets are subject to availability. Please contact your administrator if your group is larger than 8 or if you require a lap ticket for infant in arms.)

Additional Information
(If you would like to request ADA seating or would like more information on Nashville Ballet's accessibility and sensory-sensitive services, please note that here.)

Ticket Holder / Primary Contact

FIRST NAME LAST NAME

Email: _____

Phone Number: _____

Preferred Performance Date: _____

Preferred Performance Time: _____

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