

BOX OFFICE USE ONLY:

Account #:

Seat Location:

FABULOUS FOX – MAIL ORDER FORM

NAME OF SHOW: _____

DAY: _____ DATE: ____ / ____ TIME: _____ QTY: _____

PRICING PREFERENCE:
(Please circle)

SEATING PREFERENCES (if any):

- PIT _____
- Orchestra A Balcony A _____
- Orchestra B Balcony B _____
- Orchestra C Balcony C _____
- Orchestra D Balcony D _____
- Orchestra E Balcony E _____
- Orchestra F _____

Note: Some price levels may not be available for every show

BILLING INFORMATION:

NAME: _____ DAYTIME PHONE #: (____) _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TICKET DELIVERY OPTIONS:

MAIL TO BILLING ADDRESS: _____ HOLD AT BOX OFFICE: _____

PAYMENT INFORMATION:

NAME ON CARD: _____ CVV CODE: ____

CARD #: _____ - _____ - _____ - _____ EXP DATE: ____ / ____

GIFT CARD #: _____ - _____ - _____ - _____ PIN #: _____

ORDER SUMMARY:

TICKET PRICE: _____ @ \$ _____ EACH:	\$ _____
+ MAIL ORDER PROCESSING FEE: \$5 PER TICKET:	\$ _____
- GIFT CERTIFICATES ENCLOSED <i>(if applicable)</i> :	\$ _____
= ORDER TOTAL:	\$ _____

***Please Note: All show, contact & payment information must be submitted in full for order to be processed.*