

FABULOUS FOX – MAIL ORDER FORM

BOX OFFICE USE ONLY:

Account #:

Seat Location:

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: \$ _____

+ PARKING PASS (please add \$15 if you would like to pre-order): \$ _____

(not available for weekday matinees)

- GIFT CERTIFICATES ENCLOSED (if applicable): \$ _____

= ORDER TOTAL: \$ _____

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