

TICKET ORDER FORM

Angela Floyd School for Dance Spring Concert
Knoxville Civic Auditorium
May 26, 2018

Order Number: _____

Name: _____

Phone: _____

Email: _____

Mobile / Other #: _____

Mailing Address: Please Print

_____ Street Address

_____ City, State, Zip

Order Information Please fill in the blanks.

Type	Number		Rate		Total
Adult (11 and up)	_____	x	\$ 25.00	=	\$ _____
Child (ages 2-10)	_____	x	\$ 10.00	=	\$ _____
Total:					\$ _____
Shipping and Handling Fee:					\$ 3.00
Total Amount Due:					\$ _____

Do you require special ADA Seating? Yes

Number of Wheelchairs / Electric Scooters? _____
Building policy is one companion seat per ADA Seat.

Sight Impaired? _____
Building policy is one companion seat per ADA Seat.

Method of Payment: (Please Print)

Type Visa MasterCard Discover

Name: _____

Account: _____

Expiration: _____

Security Code: _____
Last 3 digits on back of card