

BOX OFFICE USE ONLY:

Account #:

Seat Location:

FABULOUS FOX – MAIL ORDER FORM

NAME OF SHOW: _____

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

PRICING PREFERENCE:

(Please circle)

- Orchestra A Balcony A
- Orchestra B Balcony B
- Orchestra C Balcony C
- Orchestra D Balcony D
- Orchestra E Balcony E
- Orchestra E2

SEATING PREFERENCES (if any):

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: ____ / ____

ORDER SUMMARY:

TICKET PRICE: _____ @ \$ _____ EACH: \$ _____

+ MAIL ORDER PROCESSING FEE: \$5 PER TICKET: \$ _____

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

= ORDER TOTAL: \$ _____

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