



GROUP TICKET ORDER FORM

ORDER DATE: _____ DISBURSE DATE: _____

GROUP NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE: _____

EMAIL: _____

EVENT: **Radio City Christmas Spectacular**

Tuesday, November 24 at 7:00PM

NUMBER OF TICKETS: _____ 0

PRICE: _____ \$0.00

HANDLING FEE: _____ \$0.00

\$3.00

PRICES: \$64.55

\$42.95

TOTAL DUE: _____ \$0.00

TOTAL REC'D: _____

DATE REC'D: _____

PAYMENT TYPE: CASH CHECK CREDIT MC VISA DC AMEX

ACCOUNT #: _____

EXP DATE: _____

NAME ON CARD: _____

ID CODE: _____

COMMENTS: _____

- 1) No refunds or exchanges
2) All event information, including date, time and prices are subject to change
3) Seating contingent on a first-come, first-serve basis and is subject to availability
4) No checks accepted within 10 days prior to event date
5) If mailing, send to:

ALLEN COUNTY WAR MEMORIAL COLISEUM
ATTN: GROUP SALES
4000 PARNELL AVENUE
FORT WAYNE, IN 46805