

DEPOSITED \_\_\_\_\_ CHARGED \_\_\_\_\_ SEATED \_\_\_\_\_ MAILED \_\_\_\_\_ # \_\_\_\_\_

**MISS ALABAMA 2022**  
**SINGLE TICKET ORDER FORM**  
[tickets@missalabama.com](mailto:tickets@missalabama.com)

Wednesday, June 29th through Saturday, July 2nd  
 7:00 p.m. nightly – Samford University Wright Center

Phone 205-871-6276 Office Hours: Monday through Friday 9:00 a.m. to 2:00 p.m.

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME # (\_\_\_\_\_) \_\_\_\_\_ WORK # (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL # (\_\_\_\_\_) \_\_\_\_\_

Check # \_\_\_\_\_ MC \_\_\_ VISA \_\_\_ # \_\_\_\_\_ Exp: \_\_\_\_\_

Note: We do not accept American Express or Discover.

CVV Code \_\_\_\_\_

**SINGLE NIGHT TICKETS ONLY**

	PRICE	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>TOTAL</u>
		<u>No. Requested</u>			
Front Orchestra – Rows K-S	\$48	_____	_____	_____	\$ _____
Back Orchestra – Rows T-EE	\$43	_____	_____	_____	\$ _____
Grand Tier Arms – Rows A-L	\$43	_____	_____	_____	\$ _____
Grand Tier – Rows M-S	\$43	_____	_____	_____	\$ _____
Balcony – Rows T-FF	\$39	_____	_____	_____	\$ _____

<p><u>For Office Use</u></p> <p>Date received: _____</p> <p>Checks: \$ _____</p> <p>Cash: \$ _____</p> <p>Credit: \$ _____</p>
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**SATURDAY NIGHT FINALS**

		<u>No. Requested</u>	<u>TOTAL</u>
Front Orchestra	\$65	SOLD OUT	\$ _____
Back Orchestra	\$55	_____	\$ _____
Grand Tier Arms	\$55	_____	\$ _____
Grand Tier	\$55	_____	\$ _____
Balcony	\$53	_____	\$ _____

<p><b><u>For credit card orders:</u></b>                  E-mail to tickets@missalabama.com</p> <p><b><u>For checks, please mail to:</u></b>                  Miss Alabama Organization                  2809 Crescent Avenue                  Suite 2                  Birmingham, AL 35209</p> <p><u>Make checks payable to:</u>                  Miss Alabama Organization</p>
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Subtotal: \$ \_\_\_\_\_

10% sales tax must be added to this subtotal: \$ \_\_\_\_\_

Handling - Cash or Check (# of tickets X \$5) \$ \_\_\_\_\_

– OR –

Handling - Credit Card (# of tickets X \$10) \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

<p><b>WHEELCHAIR &amp; HANDICAP SEATING</b></p> <p>Please indicate if you need special seating and you will be contacted.</p> <p>_____ I need wheelchair seating      _____ I need handicap seating</p>
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