

DEPOSITED _____ CHARGED _____ SEATED _____ MAILED _____ # _____

MISS ALABAMA 2022
SEASON TICKET PACKAGE ORDER FORM
This form is for **SEASON PACKAGES ONLY (4 NIGHTS)**.

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 _____

SEASON PACKAGES ONLY
(4 nights)

| | | <u>No. Requested</u> | <u>Total</u> |
|----------------------------|-------|----------------------|--------------|
| Front Orchestra – Rows K-S | \$135 | _____ | \$ _____ |
| Back Orchestra – Rows T-EE | \$115 | _____ | \$ _____ |
| Grand Tier Arms – Rows A-L | \$115 | _____ | \$ _____ |
| Grand Tier – Rows M-S | \$115 | _____ | \$ _____ |
| Balcony – Rows T-FF | \$ 95 | _____ | \$ _____ |

Subtotal: \$ _____

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

Handling – Cash or Check (# of season packages x \$5): \$ _____

– OR –

Handling – Credit Card (# of season packages x \$10): \$ _____

TOTAL \$ _____

For Office Use

Date received: _____

Checks: \$ _____

Cash: \$ _____

Credit: \$ _____

For credit card orders:

E-mail to
tickets@missalabama.com

For checks, please mail to:

Miss Alabama Organization
2809 Crescent Avenue
Suite 2
Birmingham, AL 35209

Make checks payable to:
Miss Alabama Organization

WHEELCHAIR & HANDICAP SEATING

Please indicate if you need special seating and you will be contacted.

_____ I need wheelchair seating

_____ I need handicap seating