

DEPOSITED _____

CHARGED _____

MAILED _____



MISS ALABAMA 2023
SEASON TICKET PACKAGE ORDER FORM
This form is for **SEASON PACKAGES ONLY (4 NIGHTS)**.



tickets@missalabama.com

Wednesday, June 28th through Saturday, July 1st
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 # _____ Credit Card # _____ Exp: _____

WHEELCHAIR & HANDICAP SEATING

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

_____ I need wheelchair seating _____ I need handicap seating

CVV Code _____

SEASON PACKAGES ONLY
(4 nights)

		<u>No. Requested</u>	<u>Total</u>
Front Orchestra – Rows K-S	\$145	_____	\$ _____
Back Orchestra – Rows T-EE	\$125	_____	\$ _____
Grand Tier Arms – Rows A-L	\$125	_____	\$ _____
Grand Tier – Rows M-S	\$125	_____	\$ _____
Balcony – Rows T-FF	\$105	_____	\$ _____

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

Seated

Picked up: _____

Date: _____

Signed: _____