DEPOSITED	



CHARGED _____

MAILED _____



Phone 205-871-6276

MISS ALABAMA 2024

SINGLE Ticket Order Form

tickets@missalabama.com

Wednesday, June 26th through Saturday, June 29th Monday – Friday 7:00 p.m. nightly – Samford University Wright Center 9:00 am - 2:00 pm



Office Hours:

	7:00 p.r	n. nigh	tly – Sa	imford Univ	ersity Wright C	enter 9:00 am - 2:00 pm		
NAME:								
ADDRESS								
CITY, STATE, ZIP CODE								
HOME # ()			wor	K# ()			
E-MAIL CELL # ()								
Credit Card #		1			Ехр:	CVV Code:		
WHEELCHAIR & HANDICAP SEATING Please indicate if you need special seating.					For Office Use Date received:			
I need wheelchair seating (no fixed seat/open space)						Checks: \$		
I need handicap seating (fixed seat) SINGLE NIGHT TICKETS ONLY						Check #: \$		
Silve		WED		<u>FRI</u>	<u>TOTAL</u>	Cash: \$ Credit: \$		
Front Orchestra – Rows K-S	\$55				\$	For credit card orders:		
Back Orchestra - Rows T-EE	\$50				\$	E-mail to tickets@missalabama.com		
Grand Tier Arms – Rows A-L	\$50				\$	For checks, please mail to: Miss Alabama Organization		
Grand Tier - Rows M-S	\$50				\$	2809 Crescent Avenue Suite 2		
Balcony - Rows T-FF	\$45				\$	Birmingham, AL 35209		
	SATURDAY NIGHT FINALS No. Requested TOTAL				TOTAL	Make checks payable to: Miss Alabama Organization		
Front Orchestra	\$75				\$			
Back Orchestra	\$65			_	\$	<u>Seated</u>		
Grand Tier Arms	\$65			_	\$			
Grand Tier	\$65				\$			
Balcony	\$63			_	\$			
				Subtotal:	\$			
Add to the subtotal sales tax of 10%: \$						Dielsedun		
Handling Fees must be added or ticket order will not be filled:						Picked up:		
Handling - Cash or Check - OR -	-	kets X \$	-		\$	Date:		
Handling - Credit Card	(# of tic	kets X \$	-		\$	Signed:		
			GRA	ND TOTAL:	\$			