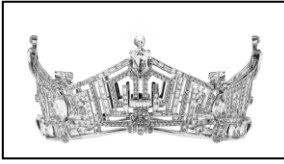


DEPOSITED _____

CHARGED _____

MAILED _____



**MISS ALABAMA 2024
SEASON TICKET ORDER FORM**
This form is for **SEASON PACKAGES ONLY (4 NIGHTS)**.



Phone 205-871-6276

tickets@missalabama.com

Wednesday, June 26th through Saturday, June 29th
7:00 p.m. nightly – Samford University Wright Center

Office Hours:
Monday – Friday
9:00 am - 2:00 pm

NAME: _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME # (____) _____ WORK # (____) _____

E-MAIL _____ CELL # (____) _____

Credit Card # _____ Exp: _____ CVV Code: _____

WHEELCHAIR & HANDICAP SEATING
Please indicate if you need special seating.

_____ I need wheelchair seating (no fixed seat/open space)

_____ I need handicap seating (fixed seat)

For Office Use

Date received: _____

Checks: \$ _____

Check #: _____

Cash: \$ _____

Credit: \$ _____

SEASON PACKAGES ONLY
(4 nights)

		<u>No. Requested</u>	<u>Total</u>
Front Orchestra – Rows K-S	\$150	_____	\$ _____
Back Orchestra – Rows T-EE	\$130	_____	\$ _____
Grand Tier Arms – Rows A-L	\$130	_____	\$ _____
Grand Tier – Rows M-S	\$130	_____	\$ _____
Balcony – Rows T-FF	\$120	_____	\$ _____

Subtotal: \$ _____

Add to the subtotal sales tax of 10%: \$ _____

Handling Fees must be added or ticket order will not be filled:

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

– OR –

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

GRAND TOTAL: \$ _____

Seated

Picked up: _____

Date: _____

Signed: _____

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