

DEPOSITED \_\_\_\_\_

# \_\_\_\_\_

CHARGED \_\_\_\_\_

MAILED \_\_\_\_\_



# MISS ALABAMA 2025

## SINGLE Ticket Order Form



Phone 205-871-6276

*[tickets@missalabama.com](mailto:tickets@missalabama.com)*

Wednesday, June 25, through Saturday, June 28  
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: \$ \_\_\_\_\_

### SINGLE NIGHT TICKETS ONLY

	PRICE	WED	THU	FRI	TOTAL
		<u>No. Requested</u>			
Front Orchestra – Rows K-S	\$55	_____	_____	_____	\$ _____
Back Orchestra – Rows T-EE	\$50	_____	_____	_____	\$ _____
Grand Tier Arms – Rows A-L	\$50	_____	_____	_____	\$ _____
Grand Tier – Rows M-S	\$50	_____	_____	_____	\$ _____
Balcony – Rows T-FF	\$45	_____	_____	_____	\$ _____

		<u>SATURDAY NIGHT FINALS</u>		
		<u>No. Requested</u>		<u>TOTAL</u>
Front Orchestra	\$75	_____	_____	\$ _____
Back Orchestra	\$65	_____	_____	\$ _____
Grand Tier Arms	\$65	_____	_____	\$ _____
Grand Tier	\$65	_____	_____	\$ _____
Balcony	\$63	_____	_____	\$ _____

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 tickets X \$5) \$ \_\_\_\_\_

– OR –

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

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

**For credit card orders:**  
E-mail to [tickets@missalabama.com](mailto: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: \_\_\_\_\_