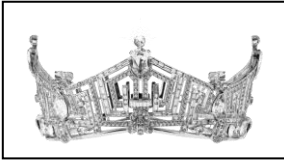


DEPOSITED \_\_\_\_\_

# \_\_\_\_\_

CHARGED \_\_\_\_\_

MAILED \_\_\_\_\_



**MISS ALABAMA 2025  
SEASON TICKET ORDER FORM**  
This form is for **SEASON PACKAGES ONLY (4 NIGHTS)**.



Phone 205-871-6276

***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: \$ \_\_\_\_\_

**SEASON PACKAGES ONLY**  
**(4 nights)**

		<u>No. Requested</u>	<u>Total</u>
Front Orchestra – Rows K-S	\$160	_____	\$ _____
Back Orchestra – Rows T-EE	\$140	_____	\$ _____
Grand Tier Arms – Rows A-L	\$140	_____	\$ _____
Grand Tier – Rows M-S	\$140	_____	\$ _____
Balcony – Rows T-FF	\$130	_____	\$ _____

**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