

2009 - 2010 Performing Arts Season Tickets

Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
E-Mail Address _____

	Quantity	Total
Adult Season Ticket	\$65.00 x _____ = \$ _____	
	Processing Fee	\$3.00
	TOTAL	\$ _____

Seating Request: _____

Amount Enclosed \$ _____	Visa _____ MasterCard _____
Cash # _____	Acct. # _____ - _____ - _____ - _____
Check # _____	Exp Date ____ - ____
(Make checks payable to ISU)	Signature _____

Return form & payment to ISU Hulman Center, 200 N. 8th Street, Terre Haute, IN 47809
Fax - 812.237.3741 Phone - 812.237.3737

FOR OFFICE USE ONLY			
Order taken by _____	Date _____	Time _____	Account # _____
Section _____		Row _____	Seats _____