



NAME _____ EMAIL _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

1st ORDER	DATE/DAY	TIME (M/E)	SECTION	PRICE	# OF TIX	TOTAL
1st Choice				\$	X	= \$
2nd Choice				\$	X	= \$
2nd ORDER	DATE/DAY	TIME (M/E)	SECTION	PRICE	# OF TIX	TOTAL
1st Choice				\$	X	= \$
2nd Choice				\$	X	= \$

<input type="checkbox"/> Wheelchair seating area required	SUBTOTAL	\$
<input type="checkbox"/> Close to stage is more important than center section	HANDLING FEE	\$ 6.00
<input type="checkbox"/> Center section is more important than close to stage	GRAND TOTAL	\$

BE SURE TO MAKE A COPY OF THIS FORM FOR YOUR RECORDS!

CHECK ENCLOSED payable to The Palm Springs Follies (DO NOT MAIL CASH).

VISA MASTERCARD DISCOVER _____ EXP DATE _____

AMERICAN EXPRESS

SIGNATURE _____ DATE _____

OFFICE USE ONLY

DATE REC'D _____ ENTRY DATE _____ INITIALS _____ DATE TICKETS MAILED _____

CONF # _____ COMMENTS _____

PLEASE CHECK IF YOU WOULD PREFER NOT TO RECEIVE INFORMATION ABOUT THE FOLLIES OR OTHER EXCITING COMPANIES VIA EMAIL