

# TCMHOF Ticket Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell (    ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Handicap Accessible? ( ) WHEELCHAIR SEAT ( ) WILL TRANSFER TO A SEAT

**FRIDAY** # of Tickets for Showcase \_\_\_\_\_ X \$15 = TOTAL \$ \_\_\_\_\_  
**(OPEN SEATING)**

**SATURDAY** # Of Tickets Ordered \_\_\_\_\_ X \$60 = TOTAL \$ \_\_\_\_\_  
**(RESERVED SEATING)**

**OFFICE USE ONLY!**

Section  Row  Seat(s)

Credit Card ( ) VISA ( ) MASTERCARD ( ) DISCOVER
# _____
Expiration Date ____/20____ # on back _____
Authorization # _____

TOTAL Amount of order \$ \_\_\_\_\_

PLEASE FAX **COMPLETED** FORM TO (903) 693-8578 IF PAYING BY CREDIT CARD

Status: ( ) Pulled & in file ( ) Mailed \_\_\_\_/\_\_\_\_ ( ) Picked Up