



2018 Jazz Series Season Ticket Order Form

Please complete the back of this form to indicate desired seating area. Please indicate 1st and 2nd seating choices.

NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE _____
 EMAIL _____

Ticket Prices for all seats \$109.00

Indicate # of tickets requested

\$109.00 x _____ = \$ _____

Total Order Amount

Ticket total \$ _____
 Processing Fee (\$5 per ticket) \$ _____
 Donation** \$ _____
 _____ Postage/Handling \$ 10.00
 OR
 _____ Pick up at Box Office \$ No Charge
TOTAL DUE \$ _____

METHOD OF PAYMENT-Credit Card or Check

Circle One: VISA, MASTERCARD, DISCOVER
 # _____
 Exp. Date _____ 3 digit Code _____
Located on back of card

Signature _____

Checks should be made payable to **SFSC**
 Check # _____

ALL TICKET SALES ARE FINAL. NO REFUNDS OR EXCHANGES.

Please fill out this form and mail it back to: SFSC Box Office
 600 W. College Dr, #214
 Avon Park Fl 33825
 (863)784-7178

Alternate Address if Applicable

Dates at this Address _____

Phone # _____

Email Address _____

Donations-see perks for each level

Archangel _____ \$500
 Angel _____ \$250
 Patrons _____ \$100
 Friends _____ \$60
 Other - please specify amount \$ _____

****Donations over \$60 get a listing in the Jazz Playbill. Please indicated how you want to be listed:** _____

Office Use Only	Date Rec'd _____
2018 Seats _____	
Total Received \$ _____	
Assigned to: _____	Date Entered: _____
Entered by Initials: _____	Date Tix Printed: _____
PCI data: PU mail _____	
Open by _____ & _____	

