2012 LAYAWAY TICKET FORM Last Name First Name Address State/Province City ZIP/PC Country Email Address: __ Telephone: (day niaht **FESTIVAL TICKETS:** (sorry, no refunds after July 6th) List the number of days, the number of payments and the price per payment as it appears on the layaway payment chart. Please use a separate form for each type of payment plan (i.e. 4, 3 or 2 month). ONE TICKET PER LINE PLEASE - ADULT TICKETS ONLY **EXAMPLES:** One $\underline{6}_{\text{\# Pays}}$ day Adult ticket; $\underline{4}_{\text{Payments}}$ payments @ $\underbrace{\$ 112}_{\text{Each payment}}$ ea= $\underbrace{\$ 448}_{\text{Total $\$}}$ One $\underline{6}_{\text{\# Days}}$ day Adult ticket; $\underline{4}_{\text{Payments}}$ payments @ $\$\underline{122}_{\text{Each payment}}$ ea= $\$\underline{488}_{\text{Total }\$}$ \$<u>9</u>36 TOTAL \$ 234 Total payment/month YOUR ORDER: One $\frac{}{\text{\# Days}}$ day Adult ticket; $\frac{}{\text{\# Payments}}$ payments @ $\frac{}{\text{Each payment}}$ ea=\$ One ____ day Adult ticket; ___ payments @ \$__ Ear One $\frac{}{\# \text{ Days}}$ day Adult ticket; payments @ \$_each payment TOTAL \$_ Total payment/month CREDIT CARD INFO: MC □ VISA □ Exp. Date (mm/yy): ____/ Acct. #: _____/ _____/ _______/ Security Code: What's This? Billing address ZIP code:_ Your card will automatically be charged the above monthly payments in either the first or third week of the month. Print name as it appears on card Cardholder's Signature

Office Use: Date Rcv'd:_____ Date Sent:____ Tix#:____ CS#:_