## **EVENT TICKET ORDER FORM**



EVENT NAME

THEATRE			Pacific Dance Concert 2015			
4242 Campus Drive, 92612	2 • (949) 8	54-4646				
PATRON'S NAME:						
	•					
PERFORMANCE:	_	DAY	DATE		TIME	
FERI ORIVIANCE.	·	DAT	DAIL		I IIVI	
# OF TICKETS	REQUES	STED				
Tickets	@ \$	22.00	= \$ -	$\neg$		
			<u>.</u>			
NOTE: All children, include	ding infan	ts, need a ticke Service Fee		a. \$3 per tid	cket	
		00111001100				
METHOD OF PAYME	NT		Total due	=	\$	-
_						
☐ Check (Please make ☐ MasterCard		payable to Irvi an Express	ne Barclay Theatre	)		
□Visa	Discove					
Card Number						
Card Number						
Expiration date						
,						
Cardholder name						
[please print]						
<u>X</u>						
Cardholder sigr	nature				date	
CUSTOMER INFORMA	TION					
TICKET REQUESTOR NAME:						
Mailing Address*						
City, State, Zip						
Phone Number(s)	[day]		[eve]			
= "			<del></del>			
Email Address						
CHOOSE DELIVERY	ETUCD	Drint At II-	N/:!! C=!!	LIC Mari		
CHOOSE DELIVERY MI Please circle one	ETHOD:	Print-At-Hom	ne Will Call	US Mail		
All seating is on a first co			how are received			
Orders will be processed	i iii uile Of	uei iii Wilich (i	ney are received.			
RETURN FORM TO:		FAX	EMAIL			

FAX EMAIL
949 854-8490 tickets@thebarclay.org
[24 hours] [24 hours]
credit cards only credit cards only