

2019 - 2020 Performing Arts Series Season Ticket Purchase

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone _____ Evening Phone _____
 E-Mail Address _____

PRICE LEVEL 1

	Quantity		Total
Adult Season Ticket	\$66.00 X _____	=	\$ _____
Youth	\$16.00 X _____	=	\$ _____
ISU Faculty/Staff	\$46.00 X _____	=	\$ _____

PRICE LEVEL 2

Adult Season Ticket	\$56.00 X _____	=	\$ _____
Youth	\$11.00 X _____	=	\$ _____
ISU Faculty/Staff	\$36.00 X _____	=	\$ _____

Processing Fee \$3.00

TOTAL \$ _____

Seating Request: _____

Amount Enclosed \$ _____	Visa _____ MasterCard _____
Cash # _____	Acct. # _____ - _____ - _____
Check # _____	Exp Date ____ - ____ Code _____
(Make checks payable to ISU)	Signature _____

Return form & payment to ISU Hulman Center, 200 N. 8th Street, Terre Haute, IN 47809
 Fax - 812.237.3741 Phone - 812.237.3737

FOR OFFICE USE ONLY

Order taken by _____ Date _____ Time _____ Account # _____

Section _____ Row _____ Seats _____