

2009 SDW XXXVIII TICKET ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY TIME PHONE NO. (_____) _____

E-MAIL: _____

INCLUDE SECTION, ROW AND SEAT NUMBERS OF REQUESTED SEATING

RESERVED ALL WEEK COMBO: 1st, 2nd, 3rd ELEVATION

SECTION									
ROW									
SEAT NUMBERS									

1st Elevation \$80 per seat

2nd / 3rd Elevation \$90 per seat

_____ SEATS @ \$_____ each

TOTAL _____

SINGLE DAY TICKETS

Saturday									
Sunday									
SECTION									
ROW									
SEAT NUMBERS									

Saturday: 1st Elev. \$35 per seat / 2nd / 3rd Elevation \$40 per seat

Sunday: 1st Elev. \$45 per seat / 2nd / 3rd Elevation \$50 per seat

_____ SEATS @ _____ each

TOTAL _____

_____ GENERAL CAMPING: _____	\$80.00	
_____ RESERVED CAMPING: LOCATION AND SITE NO. _____	\$100.00	
_____ FAIRGROUND PARKING _____	\$15.00	
_____ INFIELD PARKING _____	\$30.00	

Mailing fee (\$1 per ticket) \$ _____

TOTAL \$ _____

METHOD OF PAYMENT: CREDIT CARD CHECK MONEY ORDER CASH

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(Visa or M/C -16 numbers) 3 digit security code Exp.Date /

FAX TO: 315 - 834 - 9734

Must Be Received Before NOVEMBER 15, 2009 For Early Renewal