

MAIL ORDER FORM

Attraction	Date/Time	Alternate Date/Time	Section	# Seats x Price	Total
				x \$	= \$
				x \$	= \$
				x \$	= \$
				x \$	= \$

If order cannot be filled as requested,

Send best available Next lower price Any price Cancel order

Membership (\$60) \$ _____
 Postage & Handling \$ **5.00**
 TOTAL \$ _____

NAME _____ EVE PHONE (_____) _____

ADDRESS _____ DAY PHONE (_____) _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Enclosed is my check payable to "The Kennedy Center"

Charge to my credit card: Visa MasterCard American Express Diners Club

ACCOUNT NO. _____ EXP. DATE _____

SIGNATURE OF CARDHOLDER _____

Mail to: The Kennedy Center, (name of earliest attraction), P.O. Box 101510, Arlington, VA 22210.

