





TICKET ORDER FORM

Phone: Name			e:				
E-mail:			ss:				
				City/State/Zip:			
	4	CONCERT S	ERIES	- 20% OFF			
MU	IST PURC	CHASE TICKE	TS TO A	ALL FOUR CONC	<u>ERTS</u>		
Circle Location Below	<u>DATES</u>	TICKET PRICE	FEES*	ALL-IN-PRICING	<u>QUANTITY</u>	<u>TOTAL</u>	
B Main Floor (Rows M-Z) OR B Balcony (Rows G-M)	FEB. 7	\$32 \$32 \$32 \$36	\$7.50 \$7.50 \$7.50 \$7.50	\$39.50 \$39.50 \$39.50 \$43.50		\$ \$ \$	
					TOTAL DUE	\$	
Circle Seat Location: LFT	CTR RGT	Temple Use Only		*Fees include a \$3 Temple Theatre Historical Preservation fee and a \$2.50 Ticketmaster fee added to <u>each</u> ticket plus a Temple Processing fee.			
PAYMENT TYPE:				<u></u> - '	,	3	
	REDIT CARD ONLY: ARD NUMBER:			Call the Temple Theatre at (877) 754-7469 if you need information regarding the Americans with Disabilities			
EXP. DATE:	CVV:			Act seating or parking	g availability.		

Return ticket order form with payment to: SBSO Office, PO Box 3226, Saginaw, MI 48605-3226 or call the SBSO Office at (989) 755-6471