MAIL/FAX TICKET ORDER FORM

CONTACT INFORMATION

NAME

ADDRESS

CITY/STATE/ZIP

PHONE (DAYTIME) (EVENING)

EMAIL

YOUR ORDER

SHOW/CONCERT

<table>
<thead>
<tr>
<th>CHOICE</th>
<th>DATE/TIME OF SHOW</th>
<th># OF TICKETS</th>
<th>PRICE PER TICKET*</th>
<th>SERVICE FEE</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>$8.00/ticket</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<td>$8.00/ticket</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td>$8.00/ticket</td>
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</tr>
</tbody>
</table>


TOTAL:

SPECIAL SEATING NEEDS (such as wheelchair accessibility, balcony or aisle seats)?

PAYMENT

CARD TYPE: □ Visa □ MasterCard □ Discover □ American Express □ Gift Certificate

CARD NUMBER ___________________________ EXPIRATION DATE ___________________________

SIGNATURE ___________________________

DELIVERY (please choose one)

☐ Mail tickets to the above address  ☐ I’ll pick up the tickets at the Box Office

SEND THIS COMPLETED ORDER FORM

BY MAIL:
State Theatre Box Office
800 LaSalle Avenue, Suite 120
Minneapolis, MN 55402

BY FAX:
612.252.0601

Your request will be filled based on the seats available when the order is received. If you have any questions, please contact the box office at 612.339.7007.

www.HennepinTheatreTrust.org