

# RAJAH SHRINE CIRCUS - TICKET ORDER FORM

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

## Hamburg Field House

Thursday March 11 —7:30 pm                      Friday March 12 —7:30 pm  
 Saturday March 13 —10:00 am, 3:00 pm, 7:30 pm      Sunday March 14 —1:00 pm, 5:00 pm

**General Admission Tickets Only (good for any show)**

<b>Number of Tickets</b> <b>Adult                  Child</b>		<b>***** Order Total *****</b> <b>Method of Payment (Please circle)</b> <b>Check    MasterCard    Visa</b>	
Number of tickets:	_____	_____	Subtract amount of coupons _____
Price per ticket:	<b>x \$12.00</b>	<b>x \$8.00</b>	<b>Total Amount Enclosed: \$</b> _____
<b>Total Amounts :</b>	_____	_____	

Please enclose all coupons.  
 Make checks payable to: Rajah Shrine Circus

**Mail to: Rajah Shrine Circus, PO Box 40, Blandon, PA 19510-0040**

\_\_\_\_\_ Name on Card Card                      Number                      Exp. Date

I authorize Rajah Shrine Circus to charge my credit card for the total amount. \_\_\_\_\_  
 Cardholder signature

**NO REFUNDS OR EXCHANGES ON CREDIT CARD SALES.**

Please detach and retain bottom portion for your records.

-----  
 Proceeds are for the benefit of Rajah Shriner activities and are not deductible as charitable contributions.

Number of Adult tickets ordered: \_\_\_\_\_                      Total amount of order: \_\_\_\_\_  
 Number of Child tickets ordered: \_\_\_\_\_                      Method of payment    Check    MC    Visa  
 Date Sent: \_\_\_\_\_                      Check Number: \_\_\_\_\_

**RAJAH SHRINE CIRCUS - TICKET ORDER FORM**  
**PO Box 40, Blandon, PA 19510-0040**