

MAIL ORDER FORM

Attraction	Date/Time	Alternate Date/Time	Section	# Seats	x Price	Total
_____	_____	_____	_____	_____	X\$_____	=\$_____
_____	_____	_____	_____	_____	X\$_____	=\$_____
_____	_____	_____	_____	_____	X\$_____	=\$_____
_____	_____	_____	_____	_____	X\$_____	=\$_____
						Membership (\$60) = \$_____
						Mail Order Fee = \$6.00
						TOTAL = \$_____

If order cannot be filled as requested,
 Send best available Next lower price Any price Cancel order

NAME _____
 ADDRESS _____
 CITY _____ STATE ____ ZIP _____
 E-MAIL _____
 EVE PHONE (_____) _____
 DAY PHONE (_____) _____

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.