

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
Grand Total						

If order cannot be filled as requested please check one:

- 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

Account No. _____ Exp. Date _____

Signature Of Cardholder _____

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