



PARADE CHARACTER BREAKFAST TICKET ORDER FORM

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Email: _____

	# of Tickets	Subtotal
Seating @ \$25.00 per person	_____	_____
Child age 2 or under: FREE!	_____	FREE!
Service charge per order		\$5.00
Total Enclosed		\$ _____

SELECT TICKETS

FORM OF PAYMENT

_____ Check (payable to 500 Festival)

_____ Visa _____ MasterCard

Card # _____

Exp. Date: _____

Signature: _____

PLEASE RETURN TO:

Mail to: 500 Festival
 Attn: Character Breakfast
 500 Festival Building
 21 Virginia Ave, Suite 500
 Indianapolis, IN 46204

Fax to: 317-614-6164