



COMMUNITY DAY TICKET ORDER FORM

Name: _____

Company: _____

Address: _____

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

Telephone: _____ **Fax:** _____

Email: _____

SELECT TICKETS

	# of Tickets	Subtotal
General Admission: \$7.00 per person	_____	_____
Child age 6 or under: FREE!	_____	FREE!
Service charge per order		\$5.00
Total Enclosed		\$_____

FORM OF PAYMENT

_____ Check (payable to 500 Festival)
_____ Visa _____ MasterCard
Card # _____
Exp. Date: _____
Signature: _____

PLEASE RETURN TO:

Mail to: 500 Festival
Attn: Community Day
500 Festival Building
21 Virginia Ave, Suite 500
Indianapolis, IN 46204
Fax to: 317-614-6164