



**2010 COMMUNITY DAY TICKET ORDER FORM**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SELECT TICKETS**

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

**FORM OF PAYMENT**

\_\_\_\_\_ Check (payable to 500 Festival, Inc.)  
\_\_\_\_\_ 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