

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 Discover 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