



UNCSA WEB SITE TICKET ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

FAX: (____) _____ E-Mail: _____

PERFORMANCE INFORMATION:

Performance: _____ **Date:** _____ **Time:** _____

of Tickets: _____ @ \$ _____ Total \$ _____

Performance: _____ **Date:** _____ **Time:** _____

of Tickets: _____ @ \$ _____ Total \$ _____

Sub-Total	\$
Service Charge	\$ 4.00
TOTAL	\$

PAYMENT INFORMATION:

Check* Mastercard Visa

*Make Checks payable to UNCSA

Card # _____ Exp. Date: _____

X _____

(Signature As Shown On Credit Card)

SEND THIS FORM BY MAIL OR FAX TO:

(Do Not E-Mail)

UNCSA BOX OFFICE

The Stevens Center
 405 West 4th Street
 Winston-Salem, NC 27101
 FAX: (336)631-1212
 or call (336)721-1945