



CAJUNDOME™

BOX OFFICE GROUP ORDER FORM

Date Received: _____

Account #: _____

Event Code: **EYF0723**

Order Processed by: _____

* Group Minimum - 20

GROUP INFORMATION

Group Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Alt Phone: _____

Fax: _____

Email Address: _____

TICKET INFORMATION

EVENT: **DRUMS ACROSS CAJUN FIELD**

Performance Date: **07/23/2018**

Performance Time: **7PM (gates open at 5:30pm)**

Tickets _____ @ \$ **21.65** each = \$ _____

Order Fee: \$5.00 (per order): **\$5.00**

07/01/2018 - 07/22/2018

Please add \$6 if you want your tickets mailed: _____

TOTAL AMOUNT PAID: \$ _____

METHOD OF PAYMENT (circle one)

VISA MC AMX DSC Card #: _____

exp date: _____ sec. code: _____

Name on Card: _____

School Ck # _____ (*school check deadline: July 13, 2018*)

TICKET DELIVERY (circle one) WILLCALL EMAILED MAILED

CAJUNDOME 444 Cajundome Blvd, Lafayette, LA 70506 www.cajundome.com

SHIVAUN BERTRAND sbertrand@cajundome.com Group Sales - (337)265-2208 Fax #: (337)265-2265

TICKETMASTER www.ticketmaster.com Phone: (800)745-3000