

**Ichthus Fort Wayne 2010
Mail Order Form - 9/10/10 Deadline**

Please print legibly

Billing Address

Organization (Leave blank if using a home address): _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

***If shipping address is different than billing address, include here ⇨

Payment Method (Select payment method and fill in corresponding information.)

_____ Check / Money Order

Check / Money Order # _____

_____ Credit Card (ONLY Visa or Mastercard accepted.)

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ (MM / YYYY)

Name as it appears on card: _____

***These prices are only valid through 9/10/10.

***To receive these prices orders must be postmarked no later than 9/10/10.

Item	Price	Quantity	Total
Group Rate Ticket - 10 or more tickets must be ordered to qualify for this pricing.	\$28	_____	\$_____
Individual Rate Ticket	\$32	_____	\$_____
Child Rate Ticket (Ages 7-11)	\$16	_____	\$_____
			Handling Fee \$ <u>3.00</u>
			Total \$ _____
Number in group needing deaf interpretation: _____			
Number of children 6 years of age or under (these tickets are free!): _____			