| Account # | |
|-----------|--|
| | |
| | |

214.565.2917

email to the State Fair's group sales list.

STATE FAIR 2015 STATE FAIR OF TEXAS TEXAS. GROUP ORDER FORM • 100-249 GUESTS

| Date: | | | | | | | | |
|---|---------------|-------------------------------|------------------------------|-------|-------------|-------------------------------------|------------|--|
| (Please note: Tickets are valid fo State Fair Group Sales office) | or any one-c | day a | admission. 24 ho | ur a | dvance pu | urchase is required thro | ough the | |
| Group Name: | Ordered | Ordered By: | | | | | | |
| Address (No P.O. Boxes): | | | | | | | | |
| City: | | | State: | | | ZIP Code: | | |
| Telephone: | | _ Email: | | | | | | |
| ORDER INFORMATION | (Minimum | orde | er is 100 admissio | on t | ickets - No | o refunds or exchange: | 5) | |
| | | 0,0,0 | | | | | | |
| | Quantity | | Price | 1 | Total | Office Use | Only | |
| General Admission Ticket Regular Price \$18 | | × | \$12 (Savings of 33%) | = | \$ | | | |
| Child/Senior Citizen Ticket Regular Price \$14 | | | \$10 | | | | | |
| Child (Under 48" tall) Senior Citizen (Age 60 & over) | | × | (Savings of 29%) | = | \$ | | | |
| Food & Ride Coupons 20 - \$.50 coupons per sheet | | × | \$10 | = | \$ | | | |
| | • | To | otal amount due | = | \$ | | | |
| DELIVEDY ODTIONS | | | | | • | | | |
| DELIVERY OPTIONS (P | | | | | | | | |
| ☐ Mail my order via Fe | dEx to the | add | ress above. | | | | | |
| ☐ Have my order availa | | | | ill C | all by this | date: | | |
| PAYMENT METHOD (PIE | ease check (| one | option) | | | | | |
| ☐ Company check mad | de payable | to S | State Fair of Texa | s: | • | END COMPLETE | D FODIA | |
| Check Number: _ | | _ A | mount: \$ | | | SEND COMPLETE | U FUKM | |
| ☐ Charge to credit car | d (Please fil | 'l ou | t information bel | ow) |) | BY MAIL | | |
| Credit Card: □ Visa □ Mastercard □ American Express □ Discover | | | | | | Group Sales State Fair of Texa | S | |
| Name on Card: | | | | | | P.O. Box 150009 Dallas, TX 75315 | | |
| Card #: | | | | | | | | |
| Exp: CVC Code: | | BY FAX 214.421.8754 | | | | | | |
| Billing Address: | | | | | | DV EMAII | | |
| City: | _ State: | | ZIP Code: | | | BY EMAIL groupsales@bigte | ex.com | |
| Cardholder Signature: | | | | | | For more information | , call the | |
| ☐ I am interested in receiving f | uture group | o inf | ormation. Please | ad | | group sales offic | • | |