



# ORDER FORM

**1 Ticket= \$60 2 Tickets= \$100 Children ages 5-12= \$20 Children under 5= FREE**

DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ # OF TICKETS NEEDED: \_\_\_\_\_

TICKET HOLDER NAMES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF CARD: [ ] Visa [ ] Mastercard [ ] American Express

NAME ON CARD: \_\_\_\_\_

CREDIT CARD #:

EXPIRATION DATE: \_\_\_\_\_ CVC CODE (on back of card): \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY

amount to be charged: \_\_\_\_\_

authorization number: \_\_\_\_\_

## RETURN METHODS

email: [egould@ctta.com](mailto:egould@ctta.com)

fax: 916-414-3708

mail: 643 West Stadium Lane  
Sacramento, CA 95834