



IN Performing Arts Initiative

FAX / MAIL ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-mail: _____

Please mail tickets to: (if different from above address)

**TICKET ORDER: \$5.00 for ICS students, faculty or staff, college students, (and students ages 6-18)
\$15.00 for adults**

Performance Title	Date & Time	Price per ticket	# of Tickets	Subtotal

No assigned seating - All seating is General Admission

Total for Tickets	\$ _____
Processing Fee	_____ # of Tickets x 25¢ (twenty five cents) per ticket for cash, check, or credit card
Total Processing Fees	\$ _____
Total Enclosed	\$ _____

Method of Payment:

Cash Check (Make payable to: Indiana Performing Arts Initiative) Credit Card

Type: (circle one) Visa Mastercard

Credit Card #: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

3-digit # on back of card: _____

Please mail ticket:

Please hold tickets at will call

Return Completed Order Form To:

CMP/IPAI Theatre Box Office, 525 N. Illinois Street, Indianapolis, IN 46204 Or fax to (317) 916-0544

Shipping & Delivery: All tickets will be mailed out upon order. You should receive them within one to two business days.

No charge for shipping.