

Disney LIVE! Phineas & Ferb



Sunday, March 4th 2012 – 2:30PM & 5:30PM

Lee Memorial Health System Employees receive a \$4 discount on price levels 3, 4, & 5

Name of Account Holder: _____

Company Name (if applicable): _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____ Fax Number: _____

Cell Phone: _____ Email: _____

2:30PM

5:30PM

Level 1: Total # of seats desired: _____ X \$51.00 = \$ _____

Level 2: Total # of seats desired: _____ X \$37.00 = \$ _____

Level 3: Total # of seats desired: _____ X \$27.00 = \$ _____

Level 4: Total # of seats desired: _____ X \$22.00 = \$ _____

Level 5: Total # of seats desired: _____ X \$15.00 = \$ _____

Level 1: Total # of seats desired: _____ X \$51.00 = \$ _____

Level 2: Total # of seats desired: _____ X \$37.00 = \$ _____

Level 3: Total # of seats desired: _____ X \$27.00 = \$ _____

Level 4: Total # of seats desired: _____ X \$22.00 = \$ _____

Level 5: Total # of seats desired: _____ X \$15.00 = \$ _____

Sub-Total: _____

Total: \$ _____

Method of Payment: MC, VISA, DISC, AMEX, CASH, Company Check, Money Order or
Cashiers Check, accepted only!

***** SORRY, NO PERSONAL CHECKS *****

Credit Card # _____ Exp. Date: _____

Signature: _____

Fax or email order form to: (239) 948-9299, trentf@germainarena.com

*****For Box Office Use Only*****

Account # _____