

# Ticket Order Form

**Mail to: Southern Classic  
423 St. Augustine Drive  
Madison, MS 39110**

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## **Prejudging:**

\_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_ Open Seating

## **Night Show:**

\_\_\_\_\_ @ \$25.00 = \$ \_\_\_\_\_ Open Seating

\_\_\_\_\_ @ \$35.00 = \$ \_\_\_\_\_ VIP Reserved Seating

**ENCLOSE MONEY ORDER OR CHECK PAYABLE TO:  
SOUTHERN CLASSIC  
FOR TOTAL AMOUNT DUE**

**No Tickets will be mailed after May 21, 2012**

**(They will be held at the Box Office in your name at "Will Call")**