

THE CONTINENTAL PAGEANTRY SYSTEM

TICKET RESERVATIONS MUST BE MADE PRIOR TO COMPLETION OF THIS FORM

CONTINENTAL PAGEANTRY PRE-PAID TICKET CHARGE CARD AUTHORIZATION FORM

Name (As it appears on Credit Card): _____

Check One: MasterCard Visa AMEX Discover

Card Number: _____ **Exp Date:** _____

(3 or 4) Digit Verification Code: _____ (Located on the Signature Panel of Your Card)

RESERVATION NUMBER: _____
REQUIRED

*** Reservation number is required.
You will receive your reservation
number at the time you make your
reservation.

*** You must include a copy of your photo
ID as well as the front and back of your
credit card with your faxed authorization.

FOR THE PURCHASE OF:

_____ TICKETS FOR FRIDAY NIGHT @\$60 PER TICKET

_____ TICKETS FOR SATURDAY NIGHT @\$60 PER TICKET

_____ TICKETS FOR SUNDAY NIGHT @\$65 PER TICKET

_____ TICKETS FOR MONDAY NIGHT @\$75 PER TICKET

I AUTHORIZE CONTINENTAL PAGEANTRY LLC TO CHARGE MY
CREDIT CARD THE AMOUNT OF \$ _____

***** YOU MUST MAKE A RESERVATION
BEFORE FAXING YOUR PAYMENT!!!**

Signature: _____ **Date:** _____

To purchase your tickets by credit card, please complete this form and fax to (312) 527-9643. All purchases by fax must include a copy of the front and back of the charge card and your state issued photo ID.

***** ALL PAYMENTS ARE NON-REFUNDABLE.**

***** Certified Checks or Money Orders should be made payable to: Continental Pageantry LLC *****

Send Certified Check/Money Order payments to:

**Continental Pageantry LLC
4713 North Broadway
Suite 203
Chicago, IL 60640**

CREDIT CARD BILLING & CONFIRMATION MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Contact: _____

Email: _____

***** Continental Pageantry LLC may cancel ticket reservations if payment is not received in our office within FIVE (5) business days of making the reservation. All unpaid reservations are subject to cancellation without notice! NO Exceptions!**