

THE CONTINENTAL PAGEANTRY SYSTEM

TICKET RESERVATIONS MUST BE MADE PRIOR TO COMPLETION OF THIS FORM

Continental Pageantry Pre-Paid Ticket Charge Authorization Form

Name (As it appears on Credit Card): _____

Check One: MasterCard Visa Diners Club Discover

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

(3) Digit Verification Code: _____

(Located on the Signature Panel of Your Card)

RESERVATION NUMBER: _____

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

I AUTHORIZE JF ENTERPRISES, INC. TO CHARGE MY CREDIT CARD THE AMOUNT OF \$ _____.

FOR THE PURCHASE OF:

MR CONTINENTAL _____ TICKETS FOR FRIDAY NIGHT @\$40 PER TICKET _____ TICKETS FOR SATURDAY NIGHT @\$50 PER TICKET *** YOU MUST MAKE A RESERVATION BEFORE FAXING YOUR PAYMENT!!!	MISS CONTINENTAL _____ TICKETS FOR SUNDAY NIGHT @\$70 PER TICKET _____ TICKETS FOR MONDAY NIGHT @\$75 PER TICKET *** YOU MUST MAKE A RESERVATION BEFORE FAXING YOUR PAYMENT!!!
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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.

***** Certified Checks or money Orders should be made payable to: JF Enterprises *****

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

Send Certified Check/Money payments to:

JF Enterprises
432 North Clark Street
Suite 100
Chicago, IL 60654

CREDIT CARD BILLING & CONFIRMATION MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Alternate Phone: _____

Email: _____

PAYMENT FOR ALL RESERVATIONS MUST BE RECEIVED WITHIN THREE (3) BUSINESS DAYS OF MAKING THE RESERVATION OR THE SEATS MAY BE FORFEITED. NO EXCEPTIONS!