

## Kovalchick Complex Group Sales Order Form

771 Pratt Drive, Indiana, PA 15701 Phone: (724) 357-5205. www.kovalchickcomplex.com

| Date  | 12/3/18             |                         |                  |                  | Print               | Form                       |  |
|---|---------------------|-------------------------|------------------|------------------|---------------------|----------------------------|--|
| Company/Group Name  | e: Contact          |                         |                  |                  |                     |                            |  |
| Name:   |                     |                         |                  |                  |                     | CABLE                      |  |
| Address   |                     |                         |                  |                  |                     |                            |  |
| Address   |                     |                         |                  |                  |                     |                            |  |
| City  |                     | State P                 | ennsylvania      | Zip Code         |                     | 7                          |  |
| Home Phone  |                     | Work Phone              |                  |                  |                     | _                          |  |
| Mobile Phone  |                     | Fax Number              |                  |                  |                     |                            |  |
| E-mail  |                     | L                       |                  |                  |                     |                            |  |
| Event Information  Event: Larry The Cable Guy  Bring a group of 10 or more Group Ticket Discount \$5.00 |                     |                         |                  |                  |                     |                            |  |
| Event Date: October 4   | •                   | ent Time: Doors at 7:00 | DPM Show: 8:00PM |                  | ndividual<br>Ticket | Group<br>Rate              |  |
| Select Group C  | ode GROUP - General |                         |                  |                  | \$68.00             | \$63.00                    |  |
| select Group C  | ode GROOP - General |                         |                  |                  | 558.00              | \$53.00                    |  |
| # of Tickets  | at (price per ticke | et)                     |                  |                  | 348.00<br>38.00     | \$43.00<br>\$33.00         |  |
| Check a Mailing Option Grand Total  |                     |                         |                  |                  | 36.00               | \$33.00                    |  |
| Mail Tickets  |                     | ☐ ADA Seatin            | g Requested      | 105              | 104 103 10          |                            |  |
| Will Call   |                     |                         | ,                | 107              | FLOOR A             | \$100<br>\$68              |  |
| Payment Me  | thod                |                         |                  | 108              | FLOOR B             | \$TAGE \$58<br>\$48        |  |
| Cash  |                     | $\neg$                  |                  | 109              | 7                   | \$38                       |  |
| Credit Card   |                     |                         |                  |                  |                     | N WHERE SEAT #1 IS LOCATED |  |
| Name on Card  |                     |                         | _                | Preferred Seatin | <u>-</u>            |                            |  |
| Credit Card #   |                     | Exp.                    |                  | Section          | Row                 | Seats                      |  |
| CVV Code  |                     |                         |                  |                  |                     |                            |  |
|   |                     |                         |                  |                  |                     |                            |  |
| Customer Signa  | ature               |                         |                  |                  |                     |                            |  |
| Account Representative  |                     | <br>Account #           |                  | Type of L        | <br>Type of Lead    |                            |  |