



# Kentucky Music Educators Association State Marching Band Championship

Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (required) \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_

### Advance Event Sales

Event:	Semi Finals	Number of tickets	_____	X	\$10.00	=	\$ _____
	Finals Reserved*	Number of tickets	_____	X	\$12.00	=	\$ _____
	Finals Premium*	Number of tickets	_____	X	\$20.00	=	\$ _____
					Shipping/Handling fee	=	\$ 3.00
					Total amount due	=	\$ _____

***\*Finals tickets ordered by mail are given best available seating.***

Master Card    Visa    Discover    Check/Money order

Card number: _____ 3 digit code (found on back of card) _____
Expiration date: _____
Name on card: _____
Billing address: _____

Send completed order form along with payment to:

**Kentucky Music Educators Association  
P.O. Box 1058  
Richmond, Kentucky 40476-1058**

***Ticket orders must be received before October 12, 2007 in order to be mailed out in time for the event.***