



EL PASO PRO-MUSICA PRINTABLE ORDER FORM

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE DAY: _____ PHONE EVE: _____
EMAIL ADDRESS: _____

PLEASE SEND ME THE FOLLOWING INDIVIDUAL TICKET(S):

INDIVIDUAL CONCERT TICKETS	CONCERT DATE	# OF SEATS	PRICE PER SEAT	TOTAL
			@	\$
			@	\$
			@	\$
			@	\$
			@	\$
			@	\$
			@	\$
			HANDLING FEE	\$ 2.00
			TOTAL DUE	\$

METHOD OF PAYMENT:

- CHECK OR MONEY ORDER PAYABLE TO EL PASO PRO-MUSICA ENCLOSED
 PLEASE CHARGE MY (CIRCLE ONE): VISA MASTERCARD DISCOVER AMEX

PLEASE FILL OUT THE CREDIT CARD INFORMATION BELOW IF YOU ARE PAYING BY CREDIT CARD.

ACCOUNT #: _____

NAME ON CARD: _____

SIGNATURE: _____

**PLEASE SEND TO: EL PASO PRO-MUSICA
PO BOX 13328
EI PASO, TX 79913
FAX TO: 915-833-9425
CALL: 915-833-9400**