

RESERVED SEAT ORDER FORM

SEND COMPLETED FORM TO:

**WASHINGTON COUNTY FAIRGROUND
P.O. BOX 711
ABINGDON, VA 24212**

DATE OF PERFORMANCE _____

DAY OF PERFORMANCE _____

ENTERTAINMENT SCHEDULED _____

NUMBER OF RESERVED SEATS _____

(A MAXIMUM OF 6 SEATS MAY BE PURCHASED PER TRANSACTION)

PURCHASE PRICE (NO. SEATS X \$5.00) _____

PROCESSING & MAILING FEE _____ **\$1.00** _____

TOTAL FOR ORDER _____

PAYMENT METHOD:

_____ **CHECK OR MONEY ORDER**

_____ **CREDIT CARD** _____ **MC** _____ **VISA** _____ **DISCOVER**

CARD HOLDER NAME _____

(EXACTLY AS IT APPEARS ON CARD)

CARD NUMBER _____

EXPIRATION DATE _____

3 DIGIT SECURITY NUMBER _____

(ON BACK OF CARD FOLLOWING CARD NUMBER)

MAILING INSTRUCTIONS:

NAME _____

STREET OR P.O. BOX _____

CITY, STATE, ZIP _____