



## EXTRA CAPITAL ONE BOWL GAME TICKETS

All members of the Capital One Bowl All American halftime show production tour receive one game ticket for their own use to enter the stadium. EXTRA Capital One Bowl game tickets are for non tour members who desire to be seated at the game near the All American halftime production cast.

Each Capital One Bowl game ticket costs \$80.00 and each order shipped (any number of tickets) has a \$15.00 per order shipping/insurance/handling fee. Ticket orders must be submitted to ESP Productions by October 15th. All extra ticket orders submitted by October 15th are guaranteed availability of Capital One Bowl game tickets.

Ticket orders will be shipped in early December via courier service and an adult signature may be required for delivery.

All sales are absolutely final and no refunds of any type are available. (Should Capital One Bowl game tickets be unavailable to ESP Productions for any reason your entire payment will be refunded in full.)

**Please mail or fax your EXTRA Capital One Bowl game ticket order to:**

**Capital One Bowl Tickets  
c/o ESP Productions  
4539 36<sup>th</sup> Street, Orlando, FL 32811**

**Telephone - 407.649.8884 • Fax - 407.649.8886**



### EXTRA Capital One Bowl Ticket Order Form

I want to order (number of game tickets) # \_\_\_\_\_ x \$80.00 each = \$ \_\_\_\_\_  
Shipping/Insurance/Handling fee is \$15.00 total per order - + \$15.00  
Total amount due for EXTRA tickets = \$ \_\_\_\_\_

Shipping Address (where tickets should sent):

Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Payment Type:  Check  Money Order  VISA  MasterCard  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Card Expiration: \_\_\_\_/\_\_\_\_

Three Digit Security Code (usually on back of card): \_\_\_\_\_

Print Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*IMPORTANT\*** Credit Card Billing Address (if different from shipping address above):

Credit Card Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_