



## 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. If this ticket is for a child under two years of age who is accompanying registered All American tour members please check the indication box on your order form.

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 overnight courier and an adult signature is 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.)

NOTE - These game tickets are exclusively available for All American cast member families and friends only. This exclusive offer should not be construed as an offer of Capital One Bowl game ticket sales to the general public whatsoever.

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

**ESP Productions  
4539 36<sup>th</sup> Street, Orlando, FL 32811  
Telephone - 407.649.8884 • Fax - 407.649.8886**

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### 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 = \$ \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

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

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

Is this EXTRA ticket for a child under two years who is accompanying tour members? \_\_ Yes \_\_ No

Payment Type:  Check  Money Order  VISA  MasterCard

VISA or MasterCard: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

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