

Disney on Ice: Let's Celebrate / KFC Yum! Center

# GROUP SALES

GROUPS OF 10 OR MORE / VALID THROUGH TUESDAY, SEPTEMBER 15

KFC CENTER



**ACCOUNT INFORMATION** (All information is required):

Name of Group/Company: \_\_\_\_\_

Type of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone/Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to reserve Accessibility Service(s).

**SHOW TIMES:**

**THURSDAY, SEPTEMBER 17 – 7PM** | **SATURDAY, SEPTEMBER 19 – 11AM, 3PM, 7PM**  
**FRIDAY, SEPTEMBER 18 – 7PM** | **SUNDAY, SEPT. 20 – 1PM & 5PM**



Type	9/17 - 7pm	9/18 - 7pm	9/19 - 11am	9/19 - 3pm	9/19 - 7pm	9/20 - 1pm	9/20 - 5pm	Price/Ticket	Total
Groups	Not Available							\$23.00	
Groups	Not Available							\$19.00	
Groups		Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$15.50	
Groups	Not Available							\$15.00	
Groups		Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$13.00	
Groups		Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$10.50	
Scout*	Not Available			Not Available		Not Available		\$15.00	

**SUB-TOTAL**

Plus Service & Handling Charge Per Order

\$7.00

**TOTAL AMOUNT**

\*Please indicate the number of patches needed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Type: Will Call / Mail / Deliver    Event Date: \_\_\_\_\_

Order #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_    Date Filled: \_\_\_\_\_

Paid by: Cash / Check / Money Order / MasterCard / Visa / Amex / Disc

Seller: \_\_\_\_\_

Notes: \_\_\_\_\_

**CALL/SEND ORDER TO:**

The Kentucky Center / ATTN: Group Tickets / 501 W. Main St. / Louisville, KY 40202

Hotline: (502) 566-5152    Fax: (502) 562-0749    Email: grouptickets@kentuckycenter.org

Restrictions may apply. No double discounts.

**METHOD OF PAYMENT** (if other than cash)

Check #: \_\_\_\_\_

Money Order #: \_\_\_\_\_

Credit Card Type: MC / Visa / Amex / Disc

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_