



**KY State Fair Board Group Sales**  
 221 S. Fourth Street  
 Louisville, KY 40202  
 Phone: (502) 595-3555  
 Outside Louisville: (877) 306-1919  
 FAX: (502) 595-3558



## GROUP SALES ORDER FORM

*All information is required:*

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

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone/Extension: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Number of Tickets Requested \_\_\_\_\_ at \$ \_\_\_\_\_ =\$ \_\_\_\_\_

Number of Tickets Requested \_\_\_\_\_ at \$ \_\_\_\_\_ =\$ \_\_\_\_\_

Number of Tickets Requested \_\_\_\_\_ at \$ \_\_\_\_\_ =\$ \_\_\_\_\_

Handling Fee \$6.00

**Payment** circle one: Total Due \$ \_\_\_\_\_

Cash    Check # \_\_\_\_\_    Money Order # \_\_\_\_\_    MC    VISA    AMX    DSC

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_

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

For office use only

TYPE: Willcall    Mail    Deliver    Date: \_\_\_\_\_

ACCN: \_\_\_\_\_    D Rec: \_\_\_\_\_    D Fil: \_\_\_\_\_

Ck By: \_\_\_\_\_    L: \_\_\_\_\_