

**GROUPSALES.COM
DISNEY ON ICE
ORDER FORM**

Please circle your selected date:

November 16 - 20, 2015

# TICKETS	Price w/tax	TOTAL COST
	\$25.00 Adult	
	TOTAL \$	

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ Prov.: _____ PO Code: _____

Phone: () _____ Fax: () _____ email: _____

Form of Payment: **Cheque** **Visa/MC/AMEX** **Cash**

Card # _____ exp.: _____

Name on Card: _____ Date: _____

(I agree to all terms and conditions of this purchase and to the transaction above)

Authorized Signature (required): _____