



GROUP SALES ORDER FORM



WWE Monday Night Raw & WWE Smackdown

**** LIMITED QUANTITIES AVAILABLE ****

APRIL 9 AND 10, 2018

To order group tickets, please **EMAIL** this form to **PREMIUMSEATING@SMGNEWORLEANS.COM** or **FAX** to **504 587-3526**

No

verbal/phone orders will be accepted.

Once an order is placed, there are no refunds or exchanges.

If you have any questions, contact Mark Arata at 504-587-3556 or email arata@superdome.com

Contact/ Mailing Information

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone #: _____ Email: _____

**** DEADLINE: THURSDAY, DECEMBER 7TH, 2017 AT 4 PM/CDT ****

Group Ticket Order

* Note: 20 tickets *minimum* purchase

(PACKAGE INCLUDES 1 TICKET FOR MONDAY NIGHT RAW AND SMACKDOWN)

NUMBER OF TICKETS _____	x \$228.00 (sections 109-110)	= \$ _____	\$ _____	-
_____	x \$187.00 (sections 103-107)	= \$ _____	\$ _____	-
_____	x \$146.00 (sections 315-317)	= \$ _____	\$ _____	-
_____	x \$125.00 (sections 306-310)	= \$ _____	\$ _____	-
	FedEx Shipping - \$35.00 charged to credit card	= \$ _____	\$ _____	35.00 (if applicable)
(if account # is not available)	<u>FED EX ACCOUNT #</u> _____			
TOTAL ORDER		= \$ _____	\$ _____	35.00

Group Ticket Distribution

ALL CREDIT CARD SALES WILL REQUIRE A VALID STATE OR GOVERNMENT ISSUED PHOTO ID THAT MATCHES THE NAME ON THE CARD, A PICTURE OF THE CARD FRONT AND BACK, AND A SIGNED LETTER OF INDEMNIFICATION AGAINST CHARGEBACKS IN ORDER TO PROCESS. NO EXCEPTIONS. CASHIERS CHECKS OR MONEY ORDERS ARE ALSO ACCEPTED

Will accept credit card (Visa, MC, and AMX), cashier's check or money order payable to **SMOOTHIE KING CENTER**. Payments by CASHIERS CHECK or MONEY ORDER must be sent to Mercedes-Benz Superdome, South Gate Attn. Mark Arata, 1501 Dave Dixon Dr. New Orleans, La. 70113

I would like my tickets left at will call **Name:** _____
Will Call tickets will be left under card holder/name above only

I prefer my tickets be mailed by FedEx via my account # or charged by credit card below.

Credit Card number:

Exp Date:

Type of Card: Visa _____ Master Card _____

sec code
American Express _____

Name on Card: _____

Signature of Credit Card Holder (Required): _____

**** DEADLINE: THURSDAY, DECEMBER 7, 2017 AT 5 PM/CDT ****