

**2010 Ohio Renaissance Festival
Pre-paid Ticket Sales Order Form**

- Minimum order of 15 tickets
- Submit agreement to: Ohio Renaissance Festival, Inc FAX: (513) 897-7003
Group Ticket Sales E-mail: groups@renfestival.com
PO Box 68
Harveysburg, OH 45032-0068

Company/Group Name _____

Contact Person _____

Mailing Address _____

City _____ ST _____ ZIP _____

Phone (____) _____ Ext _____

Fax _____

Email _____

Please indicate if you would like the following included with your order:

____ Posters

____ Brochures

**Total payment for pre-paid tickets must accompany this order.
Make checks payable to: Ohio Renaissance Festival, Inc.**

Adult _____ @ \$15.99 Each Total \$ _____

Child _____ @ \$ 8.99 Each Total \$ _____

Festival Pounds Books _____ @ \$10.00 Each Total \$ _____

Shipping \$ 6.50

Total Order \$ _____

Credit Card Information

Charge to: ____ VISA ____ MC ____ DISCOVER ____ AMEX

Account # _____

Exp. Date _____

Security Code/CVV _____

Cardholder's Name _____

Address _____

City _____ ST _____ ZIP _____

Phone (____) _____ Ext _____

Signature _____