

POLAR EXPRESS

GROUP TICKET PACKAGE FORM



Contact Information:

Name: _____ Date: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

OF TICKETS: _____

X \$8 EACH (\$4 OFF THE REGULAR \$12 TICKET PRICE)

TOTAL DUE: _____

PAYMENT METHOD(circle one): **Debit/Credit Card (info below)/ Invoice Me/ Check Enclosed**

Cardholder's Name: _____

Cardholder's Billing Address: _____
(If different from above) _____

Card Type: **Visa** **Mastercard** **AMEX** **Other:** _____

Card Number: _____

Expiration Date: _____ **Security Code:** _____

Cardholder's Signature: _____

**Please return to Irene Goddard, Kid One Transport
Post Office Box 11864 Birmingham, AL 35202 or
Via Fax: (205) 978-1019 or email igoddard@kidone.org**