



# 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: \_\_\_\_\_