

TICKET ORDER FORM

Please mail completed form and check made payable to:



Exodus Big Band

520 W 103rd St

Suite 333

Kansas City, Missouri 64114

Number of Tickets @ \$10 _____ **Total Check Amount** _____

Name _____

Email _____

Street Address _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____