



Ticket Request Form

Mail order form to:
MISS ND USA® 2010 Tickets
Academie Agencie
220 Broadway, Ste B
Fargo, ND 58102
(701) 235-8132 or Fax (701) 235-0027
academieagencie.com

2010 Crowning of
MISS NORTH DAKOTA USA® and MISS NORTH DAKOTA TEEN USA®.
Festival Concert Hall, NDSU, Fargo
***this form may be copied or can be downloaded at missnorthdakotausa.com**

Packages **in advance only (all advance seating (both general and golden will be let in the doors first*

- Package 1: Presentation Show (1), 2010 Crowning General Admission (1), Coronation Ball (1), Program Book (1) cost \$40**
- Package 2: Presentation Show (1), 2010 Crowning Golden Circle (1), Coronation Ball (1), Program Book (1) cost \$50**
- Package 3: Presentation Show (2), 2010 Crowning General Admission (2), Coronation Ball (2), Program Book (1) cost \$65**
- Package 4: Presentation Show (2), 2010 Crowning Golden Circle (2), Coronation Ball (2), Program Book (1) cost \$85**

Individual Tickets

1. PRESENTATION SHOW

Friday, November 27, 2009, 6:00 pm, at the Doublewood Inn, Woodlawn Conference Center, Fargo

_____ At \$15 EACH *\$10 in advance

of Admission (non-reserved seating)

2. FINALS

Saturday, November 28, 2009, 6:00 pm...Doors open at 5:30 pm at the Festival Concert Hall, NDSU

_____ GOLDEN CIRCLE at \$30 EACH *\$25 in advance

of Reserved Seats

_____ GENERAL ADMISSION at \$20 EACH *\$15 in advance

of General Admission (non-reserved balcony seating only)

3. CORONATION BALL

Saturday, November 28, 2009, 8:00 pm at the Doublewood Inn, Woodlawn Conference Center

_____ At \$10 EACH *\$7 in advance

of Admission (non-reserved seating)

Enclosed is a check in the amount of \$_____, made payable to MISS NORTH DAKOTA USA®, to cover the cost of the above ticket request and a \$3.00 processing fee. I understand that my request will be filled on a first come, first serve basis. I also understand that these tickets will be mailed back to me if the order has been received by November 10, 2009, otherwise, they will be held for pick up at Will Call. No checks will be accepted after November 10, 2009.

Print Name

Daytime Phone Number

Mailing Address

Acct. #
(circle Visa or Mastercard)

City, State, Zip

Exp. Date

Amount

Signature

CONTESTANT (GROUP) NAME