GJ-SO

GROUP ORDER FORM

January 25-29, 2017

Make a splash with the fearless dreamer Ariel as she yearns to explore life above the waves. Watch Rapunzel, Cinderella and Belle as they learn about the power to make their own magic. Travel to the wintry world of Arendelle with sisters Anna and Elsa, and the hilarious Olaf from Disney's Frozen as they learn that true love is the greatest magic of all. Be there to discover a whole new world with the daring Jasmine, and join Snow White, Aurora and Tiana as they remind you to always be strong, kind and fearless. High-flying jumps, daring acrobatics, breathtaking skating and lovable Disney friends make this an experience your family will never forget.

DATE AND TIME

- ❑ Thursday, January 26, 2017 @ 7pm
- ❑ Saturday, January 28, 2017 @ 11am
- ❑ Saturday, January 28, 2017 @ 7pm
- ❑ Sunday, January 29, 2017 @ 3pm

TICKET ORDER

SEAT DESCRIPTION	PRICE	QTY.	TOTAL
Lower Bowl Sections 103-115, Rows P & up or Club Level Sections 3-13, Rows B-D	$23		
Club Level Sections 3-13, Rows E-H or Upper Bowl 200 Level	$19		
Processing Fee			$5
TOTAL			

Orders are placed on a first-come, first served basis.
Tickets are not refundable after purchase.

Kids 2 and older are required to have a ticket.

Mail orders to:
Grant Jamieson - Nationwide Arena
200 W. Nationwide Blvd. Columbus OH 43215
gjamieson@bluejackets.com
Fax orders to: 614-246-4301
For more information: 614-246-7224

CONTACT INFORMATION

Company Name/Organization State of Ohio
Contact Name _____
Address _____
City/State/Zip _____
Daytime Phone _____
Email _____

ORDER DEADLINE: Jan. 13, 2017 at 3PM

Allow approximately 10 days for orders to be processed and mailed.

All orders placed after after 3PM on Jan. 9, 2017 will be left at the Nationwide Arena Box Office for pickup day of show.

All orders received after the deadline will not be processed. No refunds available.

PAYMENT INFORMATION

Make checks payable to: Nationwide Arena

Charge to ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name as it appears on card: _____ Signature of Card Holder: _____ Last four digits of card number _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ☐☐ / ☐☐

For your security credit card info is not kept on file. Once payment has been processed the bottom portion of this form will be shredded.