



State of Ohio

GROUP ORDER FORM

Disney On Ice Frozen • APRIL 17-21, 2019



Disney On Ice presents Frozen! Dazzling ice skating, special effects and unforgettable music will transport you to Arendelle. Be a part of Anna's fearless adventure to find her sister, Queen Elsa, whose icy powers have trapped the kingdom in an eternal winter.

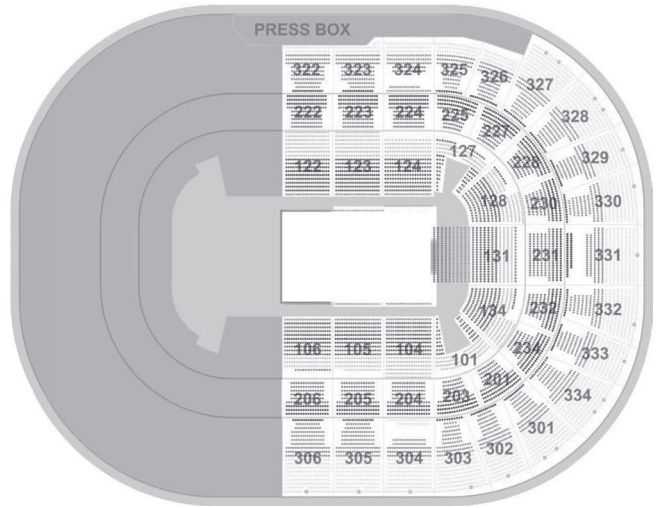
Join snowman Olaf, mountain man Kristoff and loyal reindeer sidekick Sven as they help Anna in a race to bring back summer. Encounter Everest-like conditions and mystical trolls as you sing along to Academy Award®-winning songs like Let It Go.

DATE AND TIME

- Thursday, April 18, 2019 @ 7pm
- Friday, April 19, 2019 @ 3pm
- Friday, April 19, 2019 @ 7pm
- Saturday, April 20, 2019 @ 7pm
- Sunday, April 21, 2019 @ 3pm

TICKET ORDER

SEAT DESCRIPTION*	DISCOUNTED		TOTAL
	PRICE	QTY.	
100 Level (Middle Rows)	\$27.50		
100 Level (Upper Rows)	\$23.50		
200 Level (Front Row)	\$27.50		
200 Level (Middle Rows)	\$23.50		
200 Level (Upper Rows)	\$19.50		
300 Level (Front Half)	\$17.90		
Processing Fee			\$5
TOTAL			



**If seats in your desired section are unavailable, we will move you to the best available section at your chosen price.*

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.

CONTACT INFORMATION

Company Name/Organization State of Ohio

Contact Name _____

Address _____

City/State/Zip _____

Daytime Phone _____

Email _____

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

ORDER DEADLINE: Wednesday, April 3 at 3PM

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

All orders placed after 3PM on March 27 will be left at the Schottenstein Center Box Office for pickup day of show.

All orders received after the deadline will not be processed.

PAYMENT INFORMATION

Make checks payable to: **The Ohio State University**

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.