

Haute-couture for those with a strong stomach!

Name (please print!) _____

Mailing Address (line 1) _____

Mailing Address (line 2) _____

City _____ State _____ Zip _____

Telephone (home) _____ (work/cell) _____

email address _____

ALL TICKETS WILL BE SOLD ON A FIRST-COME, FIRST SERVE BASIS. No seats will be reserved until a completed order form and payment is received.

Fill out entire order form, including contact information, ticket quantity, total and payment method. Mail to: Best In Drag Show
8235 Santa Monica Blvd., Suite 200,
West Hollywood, CA 90046.
Or fax to 323 650 4971.

All ticket questions must be directed to BIDS@aidforaids.net or 323 656 1107 x2110.

Ticket price X Quantity = Total

Orchestra \$500 Center: rows 1-4	\$500		
Orchestra \$250 Center: rows 3-9	\$250		
Orchestra \$150 Center: rows 10-15; side: rows 4-15	\$150		
Orchestra \$100 Center: rows 16-22; side: rows 7-22	\$100		
Orchestra \$75 Center: rows 23-24; side: rows 22-25	\$75		
Mezzanine \$150 Center: row 1-3; side: row 1	\$150		
Mezzanine \$100 Side: rows 2-3	\$100		
Balcony \$75 Center: row 1-5; side: rows 1-5	\$75		
Balcony \$50 Center: rows 6-10; side: rows 6-10	\$50		
Balcony \$35 Center: rows 11-17; side: rows 11-17	\$35		
GRAND TOTAL			

Giving by check is the preferred payment method:

Check made payable to Aid For AIDS

Visa MasterCard American Express American Express security code: 4 digit number on the front, to the right of account number.

Credit Card number _____

Expiration date _____

Name appearing on card _____

Signature _____

Credit card billing zip _____

**All tickets
will be mailed
to the
address above
on October 1st.**