



**KICK-OFF CONCERT SERIES  
COWBOYS STADIUM  
PRESENTED BY:  
NORTH TEXAS SUPER BOWL HOST COMMITTEE  
FRIDAY, SEPTEMBER 10, 2010  
7:30 p.m.**



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street / Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>TICKETS:</b>		
_____	x \$ _____	= \$ _____
<b># seats</b>	<b>\$ per seat</b>	<b>\$ total ticket cost</b>
_____	x \$ _____	= \$ _____
<b># parking</b>	<b>\$ per pass</b>	<b>\$ total parking cost</b>
<b>Total Tickets = _____</b>		
<b>\$5.00 Handling Fee = \$ _____</b>		
<b>Total Amount Due = \$ _____</b> (Tax & Shipping Included)		

<b>CONCERT:</b>	
<b>COST PER SEAT: (Check One or More)</b>	
\$25 Seats:	_____
\$35 Seats:	_____
\$45 Seats:	_____
\$65 Seats:	_____
\$15 Parking Pass:	_____

**Method of Delivery:** Tickets will be shipped to billing address only

**Method of Payment:**  Credit Card

Credit Card Type:  Visa  MasterCard  AMEX  Discover

Name on Card (Please Print): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Sec. Code: \_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Jordan Ashford  
PCI Representative**

**Special Requests (i.e. seat locations, additional correspondence needed):**

\_\_\_\_\_

For More Information Call: 214.550.6137 or Email: [Jordan@prochallengeinc.com](mailto:Jordan@prochallengeinc.com)

**FAX ORDERS TO: 214.550.6131**