

Date: _____

2009 JD Crowe Bluegrass Festival

Mr. _____ Ms. _____ Mrs. _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Payment Options

Cash

Check

Check # _____

Credit

Credit Card (circle one): **Visa** **MasterCard**

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Name as it appears on card: _____

| Item | Cost | Quantity | Total |
|---|------|---------------------|-------|
| <u>Tickets</u> | | | |
| Friday Ticket | \$15 | _____ | _____ |
| Saturday Ticket | \$20 | _____ | _____ |
| Weekend Ticket | \$30 | _____ | _____ |
| <u>Camping w/ Electric</u> | | | |
| Thur – Sat Camping | \$45 | _____ | _____ |
| Additional night by appt. | \$15 | _____ | _____ |
| <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed | | | |
| | | Handling Fee \$3.00 | _____ |
| | | Total: | _____ |

Mail To: JD Crowe Festival
 207 W Main St
 Wilmore, KY 40390