

Steamed Blue to Red-Hot, Lively! ~ Hard Crab Dinner and Art Auction

September 15, 2007

Ticket Order Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

(c=cell, h=home, w=work)

e-Mail _____

Event: \$40.00 per ticket x _____ (quantity) = \$ _____

+ Bus: \$20.00 per ticket x _____ (quantity) = \$ _____

Total: \$ _____

Each table will seat eight (8) people. Do you have a preference as to with whom you would like to be seated?

Please enter the full names of all guests in your party as they are to appear on the name tags:

The bus will depart at the times noted from the following three (3) East Carolina Bank locations:

3:00 p.m. - Southern Shores ~ 3:30 p.m. - Nags Head ~ 4:00 p.m. - Manteo

Please enter the full names of all guests in your party who will ride on the bus:

Method of payment: check # _____ Amount enclosed _____

Visa _____ MasterCard _____

Account # _____ Exp. Date _____

Name as it appears on the credit card: _____

You have the option of signing up for **Express Checkout**. That means at the end of the evening, your credit card will be charged automatically and you may collect your winnings without having to wait in line to pay for your items. Signing up for Express Checkout can only be done before the event. It will not be available the evening of the auction. I would like Express Checkout: _____yes or _____no

To facilitate tracking of auction wins couples/partners have the option of receiving the same bidder number rather than each person receiving different numbers. Would you and your spouse/partner be willing to do this? _____yes or _____no

Refund Policy

- All ticket sales are non-refundable. Cancelled reservations are considered tax-deductible contributions to our Scholarship Fund.
- I will be responsible for notifying any and all members of my party if due to inclement weather this event is postponed until the *Storm Date of October 20th*.
- I authorize this charge to my credit card and agree to the refund policy stated above.

Signature _____

Printed Name _____

Please print the information required legibly and mail to: Pocosin Arts Folk School & Gallery, P. O. Box 690, Columbia, NC 27925. Or fax your completed form to: 252-796-1685; or call us at: 252-796-2787.