

October 13, 2017
The Dailey & Vincent Show
Ticket Order Form

The Grand Theatre 26 N. 6th Street, Keokuk Iowa
7:30 p.m. to 9:00 p.m.

Name: _____

Mailing Address: _____

Phone Number: _____

of Advance Reserved Seating Tickets (main floor) _____ @ **\$27.50 ea**

Seat Selection

(Please refer to Seating Chart.)

(If your selected seats become unavailable while ordering, every attempt will be made to select seats in close proximity)

Section (Please Circle): **RIGHT** **CENTER** **LEFT** Row Letter: _____ Seat Number(s): _____

Section (Please Circle): **RIGHT** **CENTER** **LEFT** Row Letter: _____ Seat Number(s): _____

AND/OR

of Advance General Admission Tickets (upper level) _____ @ **\$20.00 ea**

(No Seating Selection Available – 1st Come, 1st Serve)

(Children, age 5 & under, free with lap seating)

+ \$2.50
(Shipping & Handling)

Total Due: _____

Make Check Payable to: KACTB and Mail to:

Kirk Brandenberger
Keokuk Area Convention & Tourism Bureau
428 Main Street | Keokuk, IA 52632

For Your Records

of Dailey & Vincent Concert Tickets ordered: _____ Date Ticket Order Form Was Sent: _____

Amount of Payment: _____ Check #: _____

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