

Mrs. Mr. E-Mail: _____

First name : _____ Last name : _____

Select the desired tickets. All ticket requests are processed on a first-come, first-served basis. Sometimes, the tickets you order may no longer be available at the time your order is processed. In this case, we reserve the tickets that we feel are best suited to your requirements. The best places available may vary depending on the number of seats or the type of ticket you order. A confirmation via your e-mail address will be sent to you as soon as your request is processed.

TICKETS	FRIDAY	SATURDAY	TOTAL
Tables	_____ @ 55 \$	_____ @ 55 \$	= _____ \$
Riser	_____ @ 45 \$	_____ @ 45 \$	= _____ \$
Junior and Juvenile	_____ @ 20 \$	_____ @ 20 \$	= _____ \$

Canadian dollars TOTAL = _____ \$
GST 801538836 / QST 1221686451

Interac Transfer to info@extravaganzamontreal.com (em2018)
Check or money order payable to : **Extravaganza Montreal**
12-635, Des Sureaux Boucherville (Quebec) Canada J4B 0J6 **Telephone** : (514) 726-5006
Email : info@extravaganzamontreal.com **Web**: www.extravaganzamontreal.com

Credit card #: Visa MasterCard Expiration date :

Name on card : _____ Security code at the back :

Address : _____ City : _____

Prov. / State : _____ Postal/ZipCode : _____

Telephone : _____ Signature : _____ Date : _____

