

Please Mail the form below to:
315 S 5th St, Bismarck, ND 58504

OR

Fax it to: (701) 258-7967



Name: _____

Home Phone: _____

Address: _____

City, State, Zip Code: _____

Daytime Phone: _____

Email: _____

Price: # Tickets _____ x \$1 per seat deposit = Total to be charged \$

Check (Payable to Dakota Wizards)

Visa

Mastercard

Credit Card Number:

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Exp. Date: MON./YR.

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Name (as it appears on the credit card): _____

Signature: _____