



**62<sup>nd</sup> NATIONAL FINALS  
MOBILE, ALABAMA  
June 27, 28 and June 29, 2019  
General Ticket Order Form**

All performances for the 62<sup>nd</sup> Annual Distinguished Young Women program will be held in the Mobile Civic Center Theater on the following dates:

<b>First Preliminary</b>	<b>Thursday, June 27</b>	<b>7:00 p.m.</b>
<b>Second Preliminary</b>	<b>Friday, June 28</b>	<b>7:00 p.m.</b>
<b>62<sup>nd</sup> National Finals</b>	<b>Saturday, June 29</b>	<b>7:00 p.m.</b>

- Your check, payable to Distinguished Young Women, or Visa/MasterCard information must accompany your order to reserve seat(s).
- Season ticket set for \$88.00 includes all 3 performances (**both prelims and final night**).
- **Individual night seats are available only after June 5, 2019. Order form may be returned early to be placed on waiting list.**
- **Tickets ordered by June 12 will be mailed to the address listed below. Orders after June 12 will be available for pickup at the Will Call table at the Civic Center Theater beginning June 27, 2019 prior to each performance.**
- **Please let us know of any special requirements for seating.**
- To order tickets, please complete the form below and mail, email or fax it to:

Distinguished Young Women Tickets - 751 Government Street - Mobile, AL 36602  
Fax: 251-431-0063 Phone: 251-438-3621 Email: [Valerie@DistinguishedYW.org](mailto:Valerie@DistinguishedYW.org)

Name: \_\_\_\_\_

Please reserve \_\_\_\_\_ season ticket(s) @ 88.00 each (June 27-June 29) \$ \_\_\_\_\_

Please reserve the following Individual Nights (if not purchasing season tickets):

First Preliminary                      Thursday, June 27    \_\_\_\_\_ @ 22.00                      \$ \_\_\_\_\_

Second Preliminary                      Friday, June 28    \_\_\_\_\_ @ 22.00                      \$ \_\_\_\_\_

62<sup>nd</sup> Annual National Finals                      Saturday, June 29    \_\_\_\_\_ @ 44.00                      \$ \_\_\_\_\_

Ticket price includes state/local taxes. **Total Due** \$ \_\_\_\_\_

Payment Method:                       Check                       Visa                       MasterCard

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Name on card (Please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_