



# KT Sullivan

## t i c k e t f o r m

### Show Date

- 08.20.09     08.27.09     09.03.09     09.10.09

### Number of Tickets

Please call for group tickets more than 6

- 1     2     3     4     5     6

### Dining Time

- 5:30pm     5:45pm     6:00pm     6:15pm     6:30

### Quantity

# of Tickets \_\_\_\_\_ X \$115.99 = \_\_\_\_\_  
\$90.00 (ticket price) + \$7.99 (8.875% tax) + \$18.00 (20% gratuity) = **\$115.99**  
(does not include beverages)

### Billing Information

First Name:	M.I.:	Last:	Phone:
Address:		Apt.:	City, State, Zip

### Credit Card Information

Name: (as it appears on your card) \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CID #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize City Hall Restaurant to charge my credit card for the above-stated amount.  
I also acknowledge that all sales are final and there will be no refunds.

**Please complete this form and fax it to City Hall Restaurant @ 212.577.6287**