



**P.O. Box 441, Morehead, KY 40351**  
**606.356.0084**  
**thecrso.com**

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

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

_____ Season Tickets @ \$40 Each = \$ _____
The CRSO welcomes additional donations of any size! \$ _____
<b>Total Payment Amount:</b> \$ _____

- Attached is my check made payable to the **MSU Foundation – CRSO**
- Please bill my credit card

<b>Card type:</b>
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Americana Express <input type="checkbox"/> Discover
Card Number: _____
Expiration Date: _____ / _____
Signature: _____