



Kentucky Fair & Exposition Center

ORDER FORM FOR ACCESSIBLE SEATING

Name of Event _____

Date of Event _____

Number of Tickets Requested _____ at \$ _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Daytime Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Accessibility Needed: (please check one)

Wheelchair _____

Hearing or Vision Impaired _____

Mobility Impaired _____

Other _____ Please Explain: _____

Please Mail To:

**KFEC Ticket Office
937 Phillips Lane
Louisville, KY 40209**