32nd Annual Gamma Phi Circus Morning Show

April 16, 2027 | 10:00 AM | CEFCU Arena, Normal, IL

School / Organization Name_____

If there are multiple schools in your district, please list your school name and not the district name.

Name (Main Contact)_____ Cell Phone_____

Email_____ School Phone_____

School Address_____

City_____ State_____ Zip Code_____

TICKETS	NUMBER		AMOUNT		TOTAL
Students (Pre-K & under)	_____	X	$12.00	=	_____
Students (Kindergarten - HS)	_____	X	$15.00	=	_____
Adults	_____	X	$20.00	=	_____
Chaperones*	_____	X	$0.00	=	_____
Bus Drivers^ (seated separately)	_____	X	$0.00	=	_____

TOTAL # OF PEOPLE: _____ **TOTAL AMOUNT DUE:** _____

Vehicle Information

Number of Vehicles _____

Vehicle Type: Bus_____ Car/Van_____

Chaperones*: 1 FREE Chaperone per 10 PAID Students.
Ex. 70 students = 7 FREE Chaperones

Bus Drivers^: 1 FREE bus driver ticket per school.
Additional FREE bus driver ticket per 50 students.
Ex. 200 students = 4 FREE Bus Driver Tickets

ADA Seating Section *(please list the total number of individuals; include chaperones, aides, friends)*_____

Seating Preference: ☐ Lower Bowl ☐ Upper Bowl

Seating will be filled based on preference in the registration order. Once the Lower Bowl is full, all groups will be seated in the Upper Bowl, unless the group requires ADA seating.

Please list any other accommodations needed_____

If you require certain accommodations to fully participate, please contact the ISU Athletics Ticket Office at the phone numbers or emails list under "Registration Options" below. Please allow sufficient time to arrange the accommodations.

A confirmation email will be sent once your registration has been submitted. This email will include parking instructions, a map, and important show details.

REGISTRATION OPTIONS

@ **Scan/Email:** Email the form to **mbdixo2@ilstu.edu**

Phone: (309) 438-7230 (M-F, 8:00 a.m. – 4:30 p.m.)

Mail To: ISU Athletics Ticket Office
Attn: Gamma Phi Circus Morning Show
Campus Box 2660
Normal, IL 61790-2660

Check $_____

Payable to ISU Athletics

Credit Card ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number_____

Exp. Date_____ CVV#_____

Signature on card_____

If you need to be invoiced, please contact ISU Athletics at (309) 438-7230.

PAYMENT DUE AT REGISTRATION
REGISTRATION DEADLINE: FRIDAY APRIL 2, 2027

Registration Questions? Call Illinois State University Athletics Ticket Office at (309) 438-7230.

Show Questions? Scan the QR code or **gammaphicircus.illinoisstate.edu/events/shows/morning/**.