



**Cleveland**  
Cinemas

### Cleveland Cinemas Printable Order Form

Item	Cost	QTY	Total
<b>\$25 Gift Card</b>	<b>\$25.00</b>		
<b>\$50 Gift Card</b>	<b>\$50.00</b>		
<b>Single Marquee Membership*</b>	<b>\$75.00</b>		
<b>Household Marquee Membership*</b>	<b>\$125.00</b>		
<b>Group Discount Tickets (50 restricted)</b>	<b>\$312.50</b>		
<b>VIP Group Discount Tickets (50 unrestricted)</b>	<b>\$387.50</b>		
<b>Standard Shipping</b>	<b>\$4.80</b>		
<b>2 Day Shipping (Fed Ex)</b>	<b>\$10.00</b>		
<b>Overnight Shipping (Fed Ex Next Day)</b>	<b>\$16.95</b>		
<b>Total</b>			

\*Complete Member information below

Visa / Mastercard (circle one)

CC # \_\_\_\_\_ Exp & CVV \_\_\_\_\_

Signature \_\_\_\_\_

Check Enclosed ( ) (returned check fee of \$30)	Driver's License # _____
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Marquee Member Name (Single Member / Primary Household) \_\_\_\_\_

Address \_\_\_\_\_

State, City, Zip \_\_\_\_\_

Additional Household Member Name #2 \_\_\_\_\_

Additional Household Member Name #3 \_\_\_\_\_

Additional Household Member Name #4 \_\_\_\_\_

*(Household members must share a common mailing address)*

Bill to:

Ship To (if different):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number