



BLUES HALL OF FAME

421 South Main Street • Memphis, TN 38103 • BLUES.org

Blues Hall of Fame Museum Group Tour Request Form

CONTACT: Keisha Moore-Alston • 901-527-2583, ext.10 • keisha@blues.org

Organization/School: _____

Contact Name: _____

Phone: _____ Email: _____

Requested Date of Visit: _____ Arrival Time: _____

For group rate, payment must be made in one transaction

Group rate: \$8 Adults \$6 Students (minimum 10 total admissions)

Number of Adults: _____ Number of Students: _____ Number of children: _____

Credit Card Authorization Form

Please provide all the information requested below to ensure prompt processing of your group tour payment. We ask you to please sign and date the form before submission. Please scan and email the completed form to Keisha Moore-Alston at keisha@blues.org. Do not send photocopy of the front or back of the credit card with this form, as this is against credit card company regulations.

Cardholder Information – Required

Name as it appears on the credit/debit card: _____

Card type: Visa MC Amex Discover

Account type: Personal Corporate | Company Name: _____

Account number: _____ Exp. Date: _____ Security Code: _____

Statement Address: _____

City, State, and Zip: _____

I certify that all information is complete and accurate. I hereby authorize The Blues Foundation to collect payment for all approved charges by processing a charge to the credit/debit card provided. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____