

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

PLEASE FILL IN THE FOLLOWING INFORMATION AND BRING FORM WITH YOU WHEN YOU PURCHASE YOUR TICKETS. MUST BE FILLED OUT PRIOR TO APPROACHING COUNTER.

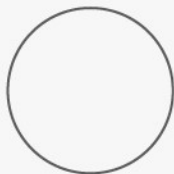
NAME

PHONE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

— OFFICE USE ONLY —

Table  
Assignment



TOTAL DUE  
THIS EVENT

EVENT PRICE

AMT OF TICKETS

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

PLEASE PRINT LEGIBLY

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

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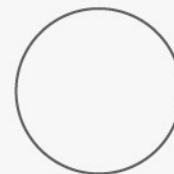
NAME

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