



Golden Gate Group Tickets

YOUR NAME: _____

COMPANY/GROUP: _____

(Friends and Family" OK)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVE PHONE: _____

FAX: _____ EMAIL: _____

I would like to purchase tickets to the following: (NOTE: You pay GROUP DISCOUNT PRICE)

EVENT: _____

VENUE: _____ DAY: _____ DATE: _____ TIME: _____

_____ TICKETS at \$ _____ = \$ _____

HANDLING CHARGE (per order): = \$ _____

TOTAL: = \$ _____

of Scout Badges requested (if for Scout show) _____

Orders must be paid with *Visa, MasterCard, American Express*, or by *CHECK*, and will be accepted by *FAX* or *MAIL*. Orders will be taken until ten (10) days before the event. *All orders received less than 10 days before the date of the event will be held at Will Call or FedEx'd for an additional charge.*

METHOD OF PAYMENT:

_____ VISA _____ M/C _____ AMEX _____ CHECK # _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____