2015 Michfest Ticket Registration

_____ _____ _____
Last Name First Name Email

_____
Address

_____ _____ _____ _____
City State/Province Zip Country

(_____)_____ (_____)_____
Phone Number (day) (night)

FESTIVAL TICKETS: NO REFUNDS AFTER July 3rd

_____adult tickets for ____ day(s) @ $_____ each, total of $_____

_____adult tickets for ____ day(s) @ $_____ each, total of $_____

_____child tickets for ____ day(s) @ $_____ each, total of $_____

_____**Total Tickets** **Total Amount of Ticket Purchase** $_____

Office Use: Date Rec'd:_____ Date Sent: _____ Tix #_____ CS#_____

Credit Card Information: ☐ MC ☐ Visa **Expiration Date**: __________

Account #:____________________

Verification Code: _____ (the three digit number on the back of your card)

_____ _____

Print Name As It Appears On Card _____

Billing address of credit card
if different than above:

Ticket purchases received after July 21st will be held at the Box Office.