



RIBBON OF LIFE 2009 - TICKET ORDER FORM

Please Print Clearly

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

(Check one)

I WILL PICK-UP MY TICKETS _____ PLEASE MAIL TICKETS _____

Please Indicate Number of Tickets and Method of Payment

Sunday, June 28th

Show Time 1:00 pm

of Tickets at \$250 each _____ # of Tickets at \$ 100 each _____

of Tickets at \$200 each _____ # of Tickets at \$ 50 each _____

of Tickets at \$150 each _____

TOTAL DUE \$ _____ (Please add \$5 to total if requesting tickets to be mailed.)

Make Checks and Money Orders Payable To: **Golden Rainbow**

(check one)

VISA-M/C-AMEX _____ CHECK-M/O _____

CARD # _____ CV2 # _____ Exp. Date _____

SIGNATURE _____

Please contact Golden Rainbow Office with any questions.

Payments should be mailed to: **Golden Rainbow**

3233 W. Charleston Boulevard, Suite 108

Las Vegas, NV 89102

702-384-2899