



2017 Group Ticket Agreement

Please fill in the boxes below

Organization Information			
Name:			
Contact Name:		Title:	
Address:			
City:	State:	ZIP Code:	
E-mail:		Phone:	
Website:		Fax:	

Ticket Order			
Offer	Price	Quantity	Total
Adult Any Day Tickets (Minimum of 20)	\$12.00		\$
Child Any Day Tickets (Ages 6-12)	\$ 6.00		\$
Shipping & Handling (added to every order unless specified to be picked up at Fairplex)			\$12.00
			\$

Please mail my order I will pick up the order (No S&H charge)

Payment Method

Please make all checks payable to LA County Fair

CASH CHECK #: _____ VISA MASTERCARD DISCOVER AMEX

Credit Card Number

Expiration Date

CV Code
3 numbers on back of card

Signature

Date

Billing Zip Code

PLEASE FILL OUT & FAX YOUR SIGNED AGREEMENT TO ATTN: ADVANCE SALES (909) 865-3974

For Office Use Only

Mailed on: _____ Pick-up on: _____ Signature at Pick-up: _____ Date: _____ AS Initials: _____