

AMC/OLTL Reunion EVENT

Ticket Order Form

GENERAL HOSPITAL FAN CLUB WEEKEND 55TH YEAR CELEBRATION 2018

Your Name : _____

Your Address: _____

Guest Name: _____

Your E-mail Address _____

Number of Tickets Ordered: _____ Total Amount Enclosed: _____

AMC/OLTL Reunion Event 2018

July 27, 2018

\$130.00 Each

Time: 7pm-11pm

Check will begin at 6:30pm

_____ | Initial your understanding of the following GHFC (GH Fan Club) policies: I understand tickets are non-refundable. I understand if I send my order "signature required," the GHFC will return it to me WITHOUT processing the order. I understand I must include ALL required information for EACH AND EVERY person included on the ticket order form. (Required information: name, address, city, state, and email address). No information = no ticket. This includes orders for multiple individuals using one address. I understand the GHFC will email my ticket/confirmation to me once my order is processed and that I do not need to include a SASE. I understand that I MUST purchase tickets at the same time as my friends to be seated with them. I understand that the GHFC cannot add seats/names to a ticket order once it is received. I fully understand there are no exceptions to these rules and I will not ask for exceptions to these rules.

Mail this order form and payment (WE ACCEPT MONEY ORDERS ONLY) AND THEY MUST BE MADE OUT TO

Claire Mullan TO BE PROCESSED) to:

AMC/OLTL Reunion EVENT 2018

Claire Mullan,

4015 Scenic River Lane, #131,

Bakersfield, CA 93308

If you would like to pay by *PayPal*, send payment to mmullan@ca.rr.com Please add \$5 *PayPal* service fee.
List all names, addresses, phone numbers, and e-mail addresses.

Please do not send your order with "signature required" - it will only delay your order and eventually be returned to you by the postal service.

*****ALL Tickets are non-refundable*****

Nothing is as comfortable as an old friend.