Siouxland Renaissance Association

Advance Group Ticket Purchase Form

To receive the discounted group purchase price and guarantee delivery, this completed form and payment by check must be received at the PO Box by May 28. The contact person will receive confirmation of receipt within two business days. The best method of delivering the tickets will be established at that time.

Group Name:_____

Contact Name:_____

Mailing Address:_____

City:_____ State:_____ ZIP:_____

Day Phone:_____ Evening Phone:_____

E-Mail:_____

Please indicate the number of each type of ticket below:

Children 3 and under are free

Adult 1 Day Tickets:

_____ Qty.____

Adult 2 Day Tickets:

_____ Qty.____

Child (4-12) 1 Day Tickets:

_____ Qty.____

Child 2 Day Tickets:

_____ Qty.____

Senior (60+) 1 Day Tickets:

_____ Qty.____

Senior 2 Day Tickets:

_____ Qty.____

TOTAL DUE: $0.00

Send the total due by check and this completed form to:
Siouxland Renaissance Association, %TICKETS
P.O. Box 88038
Sioux Falls, SD 57106
It must be received at the P.O. Box by May 28.

PRINT

Save