***Lehigh Valley Yankee Fan Club, Inc.***

***American Music Theater & Shady Maples Christmas Show Saturday, December 2nd, 2017***

 ***American Music Theater & Shady Maples Ticket Reservation Form***

***Mail Checks: (Payable To: LVYFC) 951 Main Street – Northampton, Pa 18067***

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Street / Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_***

***Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Event*** | ***Date of Event*** | ***Cost******Per Ticket*** | ***Number of*** ***Tickets Ordered*** | ***$50.00 Deposit******Per Ticket*** | ***Total******Amount*** |
| ***American Music******Theater & Shady Maples*** | ***Saturday*** ***December 2nd, 2017*** | ***$95.00*** |  |  |  |

***All order forms must be filled out completely and include a check for the total. Your tickets will be reserved only when the order and check is received. No cash will be accepted - checks only ! Your canceled check will be your receipt. No phoned or emailed orders will be accepted. Tickets will be reserved on a first paid - first reserved basis. In the case of an unfortunate event that you cannot take the trip you have scheduled, you will be responsible for re-selling your ticket. The Township will not be responsible for providing a refund or selling your tickets.***

***We will however assist you with information about people who may be on a waiting list.***

***I have reviewed the reservation policy and agree to all terms above.***

***Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***