***Landesverband Tag der Donauschwaben***

***FOR OFFICE USE ONLY***

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sat: \_\_\_\_\_\_\_\_\_\_\_\_ Sun: \_\_\_\_\_\_\_\_\_\_\_\_

2 Day: \_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

August 30 - Sept 1, 2019

***Ticket Order Form***

Name of Verein: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Number of Tickets for Groups***

Kulturgruppe: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

Trachtengruppe: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

Schuhplattler: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

Other Guests: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

***TOTALS: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_ AMOUNT DUE $ \_\_\_\_\_\_\_***

***Number of Complimentary Tickets***

Kindergruppe Members & Leaders: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

Jugendgruppe Members & Leaders: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

Verein President & Spouse: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_

***TOTALS: Sat \_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_ 2 Day Pass \_\_\_\_\_\_\_\_***

**Checks to be made out to: GACF**

**Please return this completed form by July 10, 2019 to:**

MaryAnn Blum MacGillis

2480 Tru Lane, Brookfield, WI 53005