

THE 2011 CONCERT SERIES
REQUEST FOR GROUP TICKETS

This form is to request more than 10 tickets for any one or for two separate performances. All group orders must be accompanied by a list of those who have signed up to be part of your group.

NAME: _____

ADDRESS: _____

CITY: STATE: ZIP:

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

NUMBER OF TICKETS: _____

YOU MAY MAIL THIS FORM TO:

Portland Christian Center
5700 SW Dosch Road
Portland, OR 97239

DATE OF PERFORMANCE:

1st Choice

2nd Choice

3rd Choice

We will mail the number of tickets per names on your list. **If more sign up, please reorder.**

WRITE OUT ALL NAMES (FIRST & LAST NAMES) BELOW:

[illegible]