



Event Ticket Request Form

Event Name: _____

Event Date(s): _____

Adult Tribal Member
Name: _____

Number of Reserved Tickets: _____

LIST ALL THE NAMES OF THOSE BEING RESERVED A TICKET; MORE SPACE AVAILABLE ON BACK

FIRST & LAST NAME	ADULT OR CHILD (CITE ONE CHOICE BELOW)	HPUL MEMBER CHECK BOX
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

TICKET COSTS - OFFICIAL USE ONLY

_____ # TRIBAL MEMBERS	PAYMENT OPTION: <input type="checkbox"/> CASH OR CHECK <input type="checkbox"/> RSTF / PROP 1A
_____ # NON-MEMBERS x TICKET COST \$ _____	TOTAL = \$ _____



Event Ticket Request Form

FIRST & LAST NAME	ADULT OR CHILD (CITE ONE CHOICE BELOW)	HPUL MEMBER CHECK BOX
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>