



TICKET ORDER FORM

NAME: _____

ADDRESS: _____

PHONE #: _____

E-MAIL ADDRESS: _____

NUMBER OF TICEKTS _____

FORM OF PAYMENT

CHECK # _____ CASH _____ CREDIT CARD VISA / MC

NAME ON CREDIT CARD _____

CREDIT CARD # _____ EXP DATE: _____

Please list the names and phone numbers of the people who will be attending for our auction database:

Please print and complete order form and mail with payment to:

SLM – Taste of the Bay

1900 S. Prospect Ave.

Redondo Beach, CA 90277

Your tickets will be mailed to you upon receipt of your order. Thank You!

Questions? Please call 540-8965