

Member _____
Last name, First name,

Address _____
Street# RFD & Box #

_____ City Zip Phone

E-Mail _____

Allied Concert Services

CONCERT SERIES REGISTRATION CARD

Solicitor _____

Remarks _____

New <input type="checkbox"/>	Renewal <input type="checkbox"/>
Adult	\$ _____
Student	\$ _____
Patron	\$ _____
Check <input type="checkbox"/>	Cash <input type="checkbox"/>

(Return this portion with check or cash to headquarters)