

ASGO's End of School Bash @ Coco Key Ticket Order Form

Name of Individual with Autism: 1. _____

Name and ages of all others attending event:

2. _____

3. _____

4. _____

5. _____

6. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Number of Paid People Participating: _____ X \$10.00 = _____

Number of children/adults with autism _____ (free - must be ASGO member)

Payment method: Cash or checks payable to the Autism Society of Greater Orlando can be sent to ASGO 12720 S Orange Blossom Trail Suite 8 Orlando, FL 32837, or Visa/Master Card via fax at 407-855-5129.

If you wish to charge your tickets, please fill in the information below:

I, _____, hereby authorize the Autism Society of Greater Orlando to

charge my credit card number _____ **with v-code number**

_____ (3 digit # on back of credit card) and an expiration date of _____,

for _____ tickets for a total amount of \$_____.

Signature