

Father's Day 2011 – Ticket Order Form

Name of Dad: _____

Name of individual with autism: _____

Age of individual with autism: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Cost: \$10.00 per participant

Ticket includes: 18 holes of miniature golf, 2 slices of pizza, unlimited drinks, snacks, glow bracelet, and lots of fun with other Special Dads and kids.

Total number of participants _____ x \$10.00 each = \$ _____

Payment method: Cash, checks payable to the ASGO and sent to 12720 S. Orange Blossom Trail Suite 8 Orlando, FL 32837, or Visa/Master Card.

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 a v-code number of _____ (3

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

for a total amount of \$_____.

Signature