

# BCAM Hall of Fame Banquet Ticket Request Form

1. We are coming to see \_\_\_\_\_ (name of award winner). BCAM will try to seat this person's guests together.

2. We need # \_\_\_\_\_ total tickets at \$35 each = \$ \_\_\_\_\_

3. I understand that physical tickets will NOT be mailed to me. Reservations will be held at the door under the name of: \_\_\_\_\_

4. If anyone in your party has special dietary needs, please let us know:

\_\_\_\_\_

• **This form must reach us as soon as possible, but NO LATER THAN October 4<sup>th</sup>.**

## Pay with Check:

Please make check payable to BCAM

## Pay with Credit/Debit Card: (a 3% fee will be added to credit card payments)

Card number: \_\_\_\_\_ (Visa, Master Card or Discover)

Expiration Date: \_\_\_\_\_

3 digit security code: \_\_\_\_\_

Email address if you would like a receipt: \_\_\_\_\_

Mail this form with payment to: BCAM  
PO Box 2063  
Midland, MI 48641

• If you would like to know that we received this ticket request, we will send you an emailed reply if you give us your email address: \_\_\_\_\_