

ADVANCE TICKET ORDER FORM

Name: _____

Address: _____

Phone: _____

Email: _____

2 Day Pass \$25.00 x _____ = \$ _____

1 Day Pass \$20.00 x _____ = \$ _____

1 Day Youth Pass \$13.00 x _____ = \$ _____

Catered Meal \$12.00 x _____ = \$ _____

Mail completed form with check for total amount to:

BLCG
PO Box 763
La Grange TX 78945

Tickets will be held at front gate under your name.