



ADVENTURERS' CLUB NOHA NIGHT OF HIGH ADVENTURE

TICKET ORDER FORM

Name: _____ Today's Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ E-mail: _____

I wish to reserve: _____ table(s) for seating 8 guests @ \$600 per table of 8.

I wish to reserve: _____ places for my _____ guests @ \$75 per person.

ENCLOSED NUMBER OF CHECKS: _____ TOTAL AMOUNT ENCLOSED: \$ _____

NOTE REFUND POLICY: Cancellations received by the Adventurers' club by Thursday, September 27 2011 will receive full refund; reservations cancelled & received October 1st through October 5 will receive partial refund of the full price less a \$ 10 per person service fee. A refund check will be mailed to the member within four weeks of request. Purchaser is responsible for returning refund to the cancelled guest.

**No refunds granted, for any reasons, after October 5, 2011
Adventurers' Club is not responsible for delay in the mail delivery.**

Guest Names: Attach a sheet with additional names to this order form, as necessary.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

MAIL YOUR CHECK(S) TO:

THE ADVENTURERS' CLUB
ATTENTION: JAMES HEATON, Tel: (323) 465-9500
P.O. Box 31226
Los Angeles, CA 90031