

FAMILY DAY TICKET ORDER FORM

Purchaser's Name & Account #:

Purchaser is a **MEMBER** or **JOINT ACCOUNT OWNER** (circle one)

w/d from: checking or savings (circle one)

pay by cash pay by check

Purchaser's Signature & Date:

Phone Number of Purchaser:

Name of Person Picking Up Tickets:
(IF NOT PURCHASER)

*Tickets and payment are non-refundable and good for admission on Family Day only.
Limit: 2 joint account owner/guest tickets may be purchased per member and
subject to availability. **Make checks payable to Aloha Pacific Federal Credit Union.***

Do not list joint account owner/guest names.

Name(s) of Member(s) & Member #(s):

Please bring receipt and/or photo ID when picking up tickets

Age 17
& Under:

TICKET ORDER

APFCU/Divisions Primary Members _____ x \$6 = _____

Joint Account Owners/Guests _____ x \$8 = _____
(Limit 2 per member)

TOTAL = _____