



Northlake Performing Arts Society

TICKET RESERVATION FORM

Date: _____

Name: _____

Address: _____

Phone No.:* _____

Email:* _____

*Please put either a telephone number or email address in case we need to contact you.

No. of tickets : _____ (\$15 each)

Which concert date do you want tickets for?: _____

Tickets will be held a WILL CALL on the day of the performance requested unless other arrangements are made

Payment Method:

Check : Total Check amount: \$ _____ for _____ number of tickets (make check payable to NPAS)

Credit Card: _____ I want to pay by credit card for _____ number of tickets.

My credit card number is: _____* 3 digit secur code: _____*

VISA/MC/DISC/AMEX Exp date: ____/_____* Billing ZIPCODE: _____*

Name on Card (if different from name above): _____*

*Required items

Please mail this form to P.O. Box 2461, Mandeville, LA 70470
or fax it to 985-246-3884, or email it to contactnpas@npas.info.

Tickets may also be purchases at Braswell Drugs, Lowes Jewelers or Vianne’s Tea Salon