

16161 Flight Path Dr • BROOKSVILLE, FLORIDA 34604 • www.HernandoCounty.us

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Father Daughter Dance Ticket Application

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIN CONTACT PHONE
ADDRESS	CITY		ZIP
WORK PHONE	CELL PHONE	EMAIL ADDRESS	
PERSON TO NOTIFY I	N CASE OF EMERGENCY	MAIN PHONE	ALTERNATE PHONE
on site to cover t and videos that i	this event. I understand by	e is a public event and men registering for the event I' print and/or electronic med rtment ***	m subject to photographs
		.CH IN THE WII Weeki Wachee,	• • _
[] Father Daug	hter Dance FRIDAY-	FEB. 18 – 7-10p # of tick	ets
[] Father Daug	hter Dance SATURD	AY – FEB. 19 – 1-4p # of	tickets
[] Father Daug	hter Dance SATURDA	AY – FEB. 19 – 7-10p # o	f tickets
Y E	TICKETS	-\$20 PER PERSON	
		tra for tickets being mailed	1.~
SIGNATURE OF AP	PLICANT:	DAT	`E:
PRINT NAME:	13	FEE	S DUE: \$
Payment a	-	y Orders, VISA, Master ando County Recreation Dep	
	OFF	ICE USE ONLY	
R	eceived by STAFF:	Mail: Fax: W	/alk In:
Ticket #:	Fee	es Due: \$Ent	ered By:
		[] CHECK #	-