NABET-CWA LOCAL 53 FAMILY PICNIC TICKET REQUEST FORM

Name of Member		Name of Spouse or Guest	
Member Address			
City, State and Zip			Phone Number
E-mail			Cell Phone
CHILDREN'S INFORM	IATION:		
Child's Name	Age	Child's Name	Age
Child's Name	Age	Child's Name	A 90
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MAIL, E-MAIL, PHONE OR FAX YOUR PICNIC TICKET REQUEST FORM TO:

NABET-CWA Local 53 Family Picnic 1918 W. Burbank Blvd. Burbank, California 91506

E-Mail: lori.little@nabet53.org

Phone: 818-846-0490 Fax: 818-846-2306

THE DEADLINE TO RETURN YOUR TICKET REQUEST FORM IS JULY 6, 2015 YOU WILL PICK-UP YOUR TICKETS AT THE EVENT