

# 2009 Fresh Grounded Faith Group Tickets Form

Mail Form to: Fresh Grounded Faith, 4319 S National Ave Suite 303, Springfield, MO 65810

Fax Form to: 1-866-360-2611 Call: 1-800-859-7992



FRESH GROUNDED  
**FAITH**

|                         |              |
|-------------------------|--------------|
| Event City: Atlanta, GA | Today's Date |
|-------------------------|--------------|

|                        |            |
|------------------------|------------|
| Church You Attend      | Your Phone |
| Please Mail Tickets To |            |

|         |           |
|---------|-----------|
| Name    | Phone     |
| Address |           |
| City    | State Zip |
| Email   |           |

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| Registration Fees                                | Quantity | Amount        |
|--|----------|---------------|
| Early Bird (thru April 13) \$34 (Ind) \$29 (Grp) |          |               |
| Regular (after April 13) \$39 (Ind) \$34 (Grp)   |          |               |
| Premier Seating \$49 (Ind) \$44 (Grp)            |          |               |
| <b>Total Shipping &amp; Handling Per Order</b>   |          | <b>\$2.00</b> |

|                        |
|------------------------|
| <b>TOTAL AMOUNT \$</b> |
|------------------------|

\*\* Group Pricing 10+. Two FREE TICKETS will be mailed with every 20 or more tickets purchased. [Limit 10 free tickets per order/church.]

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| Name    | Phone     |
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|---|
| <input type="checkbox"/> One check or money order is enclosed and made payable to <i>Fresh Grounded Faith</i> .<br><input type="checkbox"/> I would like to use a credit card.<br>Check one: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover<br>Credit Card # _____ - _____ - _____<br>Exp. Date ____/____/____ CVV 3-Digit Security # _____<br>Signature _____ |
|---|

**Please call 1-800-859-7992 if you have questions.**