

Yalda 2016 Ticket Order Form

All requested information is required for processing your Yalda ticket request

Please complete entire form and return along with your check to:
FIOC
P.O.Box 901
Farmington, CT 06034-901

Name: _____ Phone*: _____

Address: _____

City/State: _____ Zip: _____

E-Mail*: _____

Seating Preferences:

* Please do not forget to include your E-mail & phone number.

College Students _____ x (\$35) =

Members (2 years & up) _____ X (\$35) =

Non - Members (2 years & up) _____ X (\$45) =

Total =

\$ _____ check enclosed (make payable to FIOC Inc)

FIOC = Foundation of Iranian of Connecticut