

## Yalda 2017 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