Pasadena Tournament of Roses® Ticket Application					
391 South Orange Grove Blvd. Pasadena, CA 91184 (626) 449-4100					
CFP Semifinal Rose Bowl Game 2	2024				
CUSTOMER INFORMATION					
Please enter information below:				7.004.000UT	
SCOUTS BSA 203560 SCOUT GOING TO THE GAME [□YES □NO		L] BSA SCOOL	☐GIRL SCOUT
CONTRACT Name:					
Address:		*			
City: Zip:					
DESCRIPTION		OFFICE CODE	QTY	PRICE	AMOUNT
CFP Semifinal Rose Bowl Game Purchase (Jan. 1) (Max 100)		180-30		\$225.00	
CFP Semilinal Rose bowl Game Furchase (Jan. 1) (Max 100)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	160-30		\$225.00	
ACCESSIBLE SEATING AVAILABLE UPON REQUEST		HANDLIN	G FEE		Waived
NO REFUNDS OR EXCHANGES		CC SERV	ICE FEE*		
_ , , ,		TOTAL E	NCLOSED		
*Credit Card Service Fee (\$7 for each \$225 ticket ordered)					
We have enclosed a check in the amount of \$ (Returned che	ecks will be cha	rged \$30)			
(payable to the Pasadena Tournament of Roses Association)		• ,			
Please charge \$ to my Visa, MasterCard, Discover or American	Express*	•			
Account Number		E:	xp Date _		
Cardholder Name (Please Print)	Cardholder P	hone Numb	er		
Authorized Signature	_				
All your tickets will be mobile (electronic tickets loaded to a smart phone).					
You must provide an e-mail below for us to set up an account and send you	ou details on a	ccessing yo	our ticket	.S.	
Please also provide a phone number for us to contact you if needed.					
Contact E-Mail:		2074; p. 2007; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017; 2017		16	
		_			
Contact Phone Number:		**************************************			

Please complete and return to Pasadena Tournament of Roses no later than September 30th.