



Department of Veterans Affairs

# TICKET REQUEST FORM FOR VISUAL AND PERFORMING ARTS PARTICIPANTS

**NATIONAL VETERANS CREATIVE ARTS FESTIVAL**  
**ART EXHIBIT & STAGE SHOW**

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

Art Exhibit:

\_\_\_\_\_   
Stage Show Performance:

\_\_\_\_\_   
All visual artists will be issued a ticket for the stage show performance.  
Performing artists will be on stage and do not require a ticket.

Please use this form to reserve tickets for your family members and friends.

\_\_\_\_\_  
VETERAN'S NAME (*Last, First, MI*)

Tickets are General Admission on a first come basis. Tickets are **complimentary**.

I will need \_\_\_\_\_ (#) ticket(s) for my family/friends

**Tickets will be distributed to participants, staff, and volunteers during the festival week unless otherwise arranged.**

Submit completed Ticket Request Form no later than \_\_\_\_\_ to:

LINDA ZAIONTZ, HOST SITE COORDINATOR (11K)  
SOUTH TEXAS VETERANS HEALTH CARE SYSTEM  
7400 MERTON MINTER BLVD.  
SAN ANTONIO, TX 78229  
PHONE: (210) 617-5125  
FAX: (210) 617-5276