Department of Veterans Affairs

VA FORM JUN 2010

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 to respond emplete this

elearance requirement o, a collection of inf application will avera	its of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or spons ormation unless it displays a valid OMB number. We anticipate that the time expended by age 20 minutes. This includes the time it will take to read instructions, gather the necessary to the condition of the	or, and you are not required all individuals who must co facts and fill out the forms.
rr	Art Exhibit:	
	Stage Show Performance:	
	All visual artists will be issued a ticket for the stage show performing artists will be on stage and do not require a ticket	
	Please use this form to reserve tickets for your family members an	nd friends.
VETERAN'S NAME	(Last, First, MI)	
T. 1		
Tickets are General I will need	al Admission on a first come basis. Tickets are complimentary . (#) ticket(s) for my family/friends	
	_	
	Tickets will be distributed to participants, staff, and volunteers during the festival week unless otherwise arranged.	S
	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	

0929g Adobe LiveCycle Designer