California Mid-State Fair
2020 Ticket Refund Form

Form must be completed if you purchased your tickets, <u>in person</u>, at the Box Office

❖ **<u>PATRON INFORMATION:</u>**

Name: _____

Mailing Address: _____

City, State, Zip code: _____

Contact Phone Number: (_____)_____

Contact Email Address: _____

❖ **<u>METHOD OF PAYMENT USED TO PURCHASE TICKETS:</u>**

⬭ Visa ⬭ MasterCard ⬭ American Express ⬭ Cash ⬭ Check

Credit Card Number: _____ Exp Date: _____ CVV: _____
(A representative will call for the credit card number above if you are not comfortable providing it at this time)

❖ **<u>NUMBER OF TICKETS RETURNED AND ENCLOSED:</u>**

Entertainment: _____ Admission: _____

❖ _____ _____
PATRON SIGNATURE **DATE**

<u>Office Use Only:</u>
Date Received: _____
<u>Total # of tickets received:</u>
____ Entertainment @ $ _____ Total $_____
____ Entertainment @ $ _____ Total $_____
____ Entertainment @ $ _____ Total $_____
____ Admission @ $ _____ Total $_____
____ Admission @ $ _____ Total $_____

Total Refund Due: **$ _____**

<u>Total Amount Refunded:</u>
Method: Credit Card: $_____ CMSF Check: $_____ Check # _____

Date Processed: _____ Date Mailed to Patron: _____