

## Fine Arts Museums of San Francisco Group Admission Ticket Order Form - General Admission

To purchase admission tickets, please complete and mail this order form to:

**de Young Museum Group Sales**  
**50 Hagiwara Tea Garden Drive**  
**San Francisco, CA 94118**

**OR**

**FAX: (415) 750-2679**

The order form with full payment must be received no later than **two week before your date of visit**, to allow time for processing and mailing of tickets. For check payments, please make **checks payable to COFAM**. **There are no refunds or exchanges.** To qualify for group rates a minimum of 10 tickets must be purchased.

Please indicate which museum you will be visiting:

**de Young**

**Legion of Honor**

**Desired Date of Visit:** \_\_\_\_\_ **Entry Time:** \_\_\_\_\_

<u># of Tickets</u>	<u>Ticket Type</u>	<u>Ticket Price</u>	<u>Total</u>
_____	Adult*	\$8	_____
_____	Senior (65+)	\$7	_____
_____	College (w/ ID)	\$6	_____
_____	Youth (12+)	\$6	_____
_____	Audio Tour	\$6	_____
_____	Docent Tour (per 20 visitors)**	\$100first/\$75additional	_____

*\*Groups automatically receive one complimentary adult ticket for every ten youth tickets purchased, rounding up. Use this field only for purchasing additional adult tickets.*

Subtotal \_\_\_\_\_

Handling Fee \$10.00

*\*\*Docent tours require advanced reservations. A minimum of one month notice is requested to schedule tours.*

Grand Total \_\_\_\_\_

Payment Type:     Visa     MasterCard     Discover     Amex     Check Payable to "COFAM"

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expires: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Group Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_