

FINE ARTS MUSEUMS OF SAN FRANCISCO -- GROUP TICKET ORDER FORM

Frida Kahlo: Appearances Can Be Deceiving

March 21st, 2020 - July 26th, 2020 at the de Young ****

To purchase admission tickets for a group of **ten or more people**, please complete this order form and send with payment to:

Mail:
FAMSF Group Sales
50 Hagiwara Tea Garden Drive
San Francisco, CA 94118

Email:
groups@famsf.org
Fax:
(415) 750-2679

DESIRED DATE OF VISIT: _____ **ENTRY TIME:** _____

<u>Unit type</u>	<u># of units</u>	<u>x</u>	<u>Unit cost</u>	<u>=</u>	<u>Total</u>
Adult	_____	x	\$22.40	=	_____
Senior (ages 65+)	_____	x	\$20.00	=	_____
College (w/ valid ID)	_____	x	\$15.20	=	_____
Audio	_____	x	\$6.00	=	_____
Youth (ages 6-17)*	_____	x	\$10.40	=	_____
FAMSF Member**	_____	x	\$0.00	=	_____
Docent tour fee***	_____	x	\$150/docent	=	_____

(1 docent can accommodate up to 20 people)

* Children under 6 are free. School and other youth groups must book through the Education Department. Please call 415-750-7696 for details.

** All member names and membership numbers must be submitted with order.

***Private docent tours must be scheduled at least one month in advance and confirmed by the Group Sales department. A minimum purchase of 20 non-member tickets is required for all 9:00am tours. Please call 415-750-3620 for details.

****Please note that the prices listed are based of visitation to Frida Kahlo: Appearances Can Be Deceiving from March 21st, 2020 through May 8th, 2020. Beginning May 9th the exhibition will be included with Judy Chicago which carries an additional cost.

Subtotal: _____

Handling: \$10.00

Grand total: _____

Payment method:	<input type="checkbox"/> Payment in full	<input type="checkbox"/> 10% deposit	(balance is due 2 weeks before date of visit; invoice will be sent to you)
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Credit card #: _____ - _____ - _____ - _____	
	<input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Expiration date: ____ / ____	CVV security code: _____
	<input type="checkbox"/> Check payable to "COFAM" (please attach)	Cardholder's signature: _____	
		Name on card: _____	

Group name: _____ **Contact phone:** _____

Contact name: _____ **Contact email:** _____

Shipping address (no P.O. boxes): _____

OR pick up at Will Call _____

PLEASE NOTE: SUBMISSION OF THIS FORM DOES NOT GUARANTEE ADMISSION. YOUR ORDER WILL BE CONFIRMED BY EMAIL AS SOON AS ORDER FORM WITH PAYMENT HAS BEEN RECEIVED AND PROCESSED. BALANCE IS DUE **2 WEEKS** BEFORE DATE OF VISIT; ORDER FORMS RECEIVED WITHOUT PAYMENT ATTACHED WILL BE DISREGARDED. YOUR TICKETS WILL EITHER BE SHIPPED VIA FEDEX TO ADDRESS PROVIDED OR HELD AT WILL CALL. **ALL SALES ARE FINAL. TREAT TICKETS AS CASH; NO REFUNDS OR EXCHANGES PERMITTED. PLEASE PLAN ACCORDINGLY.**