

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

**Judy Chicago: A Retrospective**

May 9th, 2020 - September 6th, 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](mailto: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 Judy Chicago: A Retrospective from July 28th, 2020 through September 6th, 2020. Prior to July 28th the exhibition will be included with Frida Kahlo: Appearances Can Be Deceiving which carries an additional cost.

**Subtotal:** \_\_\_\_\_

**Handling:** \$10.00

**Grand total:** \_\_\_\_\_

**Payment method:**

Payment in full       10% deposit      (balance is due 2 weeks before date of visit; invoice will be sent to you)

Visa       Mastercard

Credit card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

AmEx       Discover

Expiration date: \_\_\_\_ / \_\_\_\_      CVV security code: \_\_\_\_\_

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.**