

Pre-registration and Advance ticket sales.

Name_____

Address_____

City_____ State____ Zip_____

Email_____

Phone_____

Select the ticket package you wish to order and indicate the number of you wish.

	Quantity		Cost
Afternoon and Concert only	___	@	\$16.00 _____
Afternoon and Concerts and Clinic Fee	___	@	\$26.00 _____
Evening Concert only	___	@	\$10.00 _____
Workshops, Jam and Open Mic	___	@	\$ 7.00 _____
Dulcimer Clinic Fee only	___	@	\$10.00 _____
		Total	_____

Make checks payable to FAMA

Sent to: FAMA, P.O. Box 1875, Fond du Lac WI 54936-1875