

New Vistas in Astronomy Ticket Order Form

Series Passes

_____ passes @ \$55 each = _____

For tickets to individual nights, please use the box at the right.

Single-Night Tickets

PROGRAM DATE _____

_____ tickets @ \$6.00 each = \$_____

Please print your name, address, city, state, and zip code in the box below. The box will become your mailing label, so print carefully.

Phone: _____

Total enclosed \$_____

Please mail to Perkins Observatory, P. O. Box 449,
Delaware, OH 43015.
Please make checks payable to Perkins Observatory.