

CLEAR CREEK HEALING ARTS & MUSIC FESTIVAL TICKET ORDER FORM

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

I'm sending payment for the following (indicate # of passes/tickets in blank):

WEEKEND PASSES

_____ \$25 Weekend Pass (Friday, Saturday & Sunday)

_____ \$10 Tent Reservation (for camping all weekend)

_____ Spontaneous & Impulsive Donation

TOTAL AMOUNT ENCLOSED: _____

Please make checks payable to Clear Creek Festival and return to: PO Box 195 / Big Hill, KY 40405
If you will also be bringing children age 13 or under, please let us know how many and what ages so we can prepare our children's activities accordingly:

of children _____ ages: _____

Please note any special circumstances we should know about and potential ways to accommodate on the reverse.

contact us at 646.372.1869 or info@clearcreekfest.org

THANK YOU and we look forward to being with you!