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Treasurer	<u>Price</u>	<u>Category</u>	<u>Quantity</u>	<u>Amount</u>
HEARTLAND CONCERT ASSOCIATION	\$70	Adult	_____	_____
P.O. Box 43	\$ 5	Student	_____	_____
Park Rapids, MN 56470		Total Amt Enclosed		_____

Make checks payable to Heartland Concert Association and mail to address shown above.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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