

# TICKET ORDER FORM HOTEL INFORMATION



## ADMISSION TICKETS

	TOTAL # OF TICKETS	PURCHASED AND PAID FOR BY FEB 7	PURCHASED AT EVENT
Thursday Matinee	_____	..... \$20 .....	..... \$25 ..... =\$ _____
Thursday Evening	_____	..... \$30 .....	..... \$35 ..... =\$ _____
Friday Matinee	_____	..... \$20 .....	..... \$25 ..... =\$ _____
Friday Evening	_____	..... \$35 .....	..... \$40 ..... =\$ _____
Saturday Matinee	_____	..... \$20 .....	..... \$25 ..... =\$ _____
Saturday Evening	_____	..... \$50 .....	..... \$55 ..... =\$ _____
Sunday Matinee	_____	..... \$15 .....	..... \$25 ..... =\$ _____
SEASON PASS *	_____	..... \$175 .....	..... \$175 ..... =\$ _____

**TOTAL** ..... =\$ \_\_\_\_\_

\* Priority seating is included with season passes.

Groups wishing to sit together should order tickets at the same time. Tickets are sold on a first come, first served basis with preferred seating going to season pass and package holders. Mail order tickets will be held at will call under your name. TICKETS ARE NON-REFUNDABLE AFTER FEBRUARY 7, 2012

**ADVANCED TICKET PRICES ARE AVAILABLE  
ON OR BEFORE FEBRUARY 7, 2012 ONLY**

## \*\*HOTEL RESERVATIONS\*\*

The California Open will be held at the Irvine Marriott (18000 Von Karman Ave, Irvine, CA). All hotel reservations should be made directly through the Group Rate Reservations Desk at 1-888-236-2427 in the USA or Canada or you may make reservations online at [www.marriott.com/laxir](http://www.marriott.com/laxir). Be sure to mention or type in our group rate code "**CADCADA**" to receive our special rate of \$125 + tax (\$138.00).

**NOTE!** The California Open is responsible for making hotel reservations *only* for persons on packages, all others should call for reservations as soon as possible as this is a Holiday weekend. Please book early to guarantee availability.

**Make checks payable to California Open & mail to:**

**California Open ♦ 14143 N. Blazing Canyon Place ♦ Oro Valley, AZ 85755**

Name: \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Address: \_\_\_\_\_ Email for Confirmation \_\_\_\_\_

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

**♦ FUNDS MUST ACCOMPANY THIS FORM ♦**

Questions?: Call 1.520.219.4555

FAX: 1.520.219.3855

Email: [californiaopen@gmail.com](mailto:californiaopen@gmail.com)