

Golden Gloves Ticket Order Form

General Admission/Bleachers: \$20 X _____ number of tickets*

Gold Ringside Seats: \$50 X _____ number of tickets*

Total Tickets _____ Total \$ Value _____

* subject to availability

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

May we add you to our mailing list (circle one)? Y N

Make checks payable to:
Dr. Theodore A Atlas Foundation Inc

Mail your order to:
Dr. Theodore A Atlas Foundation
P.O. Box 140998
Staten Island, NY 10314-0998

Please note all mailed requests for tickets must be postmarked no later than February 1, 2008 and must contain a self addressed stamped envelope!