

TICKET REFUND

Enclosed please find the following ticket(s) to the 2012 Bayfront Blues Festival.

____ Three-Day Ticket Package(s)

____ Single Day Ticket(s)

Name _____

Address _____

City _____ St _____ Zip _____

Email _____ Phone (____) _____

(PLEASE CHECK ONE)

Please mail me a refund check.

(Refunds are mailed by the 15th of each month for all requests received from the prior month).

Please exchange my ticket(s) for the 2013 festival.

(Exchanged tickets are mailed within two weeks after the end of this years event).

Reason for return (optional)

Mail this form and your ticket(s) to:

Bayfront Blues Festival

Attn: Ticket Refund

302 43rd Avenue East

Superior, WI 54880