

MEMBERS NAME:



PARALYZED VETERANS OF AMERICA

CALIFORNIA CHAPTER

2024 Dodgers Season Ticket Request Form

MEMBER #	(Off	fice can look up if not	know)			
MEMBER PHONE	E #					
MEMBER EMAIL	#					
	<u>A</u>	II Tickets Will Be Del	ivered Electro	<u>nically</u>		
• Email Request	Form to: <u>ti</u>	ckets@pvacc.org				
Download MLE	B Official Bal	lpark App @mlb.com	ı			
Baseball Game I	nfo:					
Priority G	ame Date	(#Tickets)	Priority	Game Date	(#Tickets)	
1		2/4	6		_ 2/4	
2		2/4	7		_ 2/4	
3		2/4	8		_ 2/4	
4		2/4	9		_ 2/4	
5		2 / 4	10		2/4	
CHAPTER VALIDA	ATION SECT	<u>ION</u>				
Date Received:		Game/Tix A	Game/Tix Assigned:			
Time Confirmed:		Game/Tix A	Game/Tix Assigned:			
Priority # Assigned:		Date Tix Del	Date Tix Delivered:			
Initials:		Method of I	Method of Delivery:			

