



LIFT TICKET REQUEST FORM 2025

NAME: _____

Adult: 18-64 years
Children: 7-17 years
Senior: 65+

5 out of 10 days # of Adult Tickets @ \$545 _____ = \$ _____

of Children/Senior Tickets @ \$380 _____ = \$ _____

3 out of 10 days # of Adult Tickets @ \$327 _____ = \$ _____

of Children/Senior Tickets @ \$228 _____ = \$ _____

1 out of 10 days # of Adult Tickets @ \$154 _____ = \$ _____

of Children/Senior Tickets @ \$ 76 _____ = \$ _____

Total # of tickets _____

Total amount enclosed \$ _____

MAKE CHECKS PAYABLE TO **AIMM** and SEND for receipt by **March 1, 2025** to:

Sue Samson
7519 Brackenwood
Circle N Indianapolis, IN
46260

Electronic payment to the AIMM account with Bank of America can be sent via Zelle (www.zellepay.com) to aimmmeeting@gmail.com. If you use this option, please email the Lift Ticket Form on the same day

TICKETS WILL BE AVAILABLE FOR PICK-UP AT REGISTRATION

