

HOLLYWOOD BOWL

PART OF YOUR LIFE

TICKET EXCHANGE FORM

All exchanges based on best available seating at time of request.

You must allow a minimum of two weeks for mailing. Past-dated tickets may not be exchanged or donated. Please note the Box Office does not receive mail on weekends or holidays.

Please remember to send any parking passes you need exchanged with the tickets.

Emergency exchanges may be made at the Box Office on the day of the performance for \$10 per ticket.



Card No. _____ Expiration Date _____

Cardholder Name _____

Signature _____

Name _____ Subscriber Number _____

Address _____

City _____ State _____ ZIP _____

Phone (Day) _____ (Evening) _____

1st Choice Date: _____

2nd Choice Date: _____

3rd Choice Date: _____

If seating is not available in my section (must check one):

- I will accept the next higher price available and pay the difference. (Charge my credit card the extra amount.)
- I will accept best available seating at a lower price and receive a credit voucher.

Comments: _____

I require accessible seating 