Porrello Project
Ticket Request Application

Please submit this application at least 60 days prior to the date of your event.

PALS Name: _____

Email address: _____

Event: _____ Date of event: _____

Number of tickets (up to 4): _____

Do you need transportation? (circle one) Yes No

Additional comments:

_____

_____

_____

_____

By attending this event, you agree to send ALS of Nevada a photo of you and your guests at this event, and submit a short statement about your experience to be used on social media and our website to promote the Porrello Project.

_____ _____

Signature Date