



FLICS SUBSCRIPTION FORM

PLEASE SEND ME A SEASON PASS FOR THE 2011-2012 VIEWING SEASON. I JUST CANNOT PASS UP THIS FANTASTIC SAVINGS OPPORTUNITY!

NAME _____

ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ E-MAIL _____

NUMBER OF PASSES _____ @\$50.00 PER SUBSCRIPTION. TOTAL PAID: _____

NAMES ON PASSES

PLEASE SEND THIS FORM WITH YOUR CHECK TO:

FLICS
PO Box 3337
BAKERSFIELD, CA 93385-3337