

GOLDEN TICKET ARTS GUIDE REIMBURSEMENT FORM

Organization Name: _____

Contact Name: _____

Contact Phone Number: (____) _____

Contact Email: _____

1) Event Name: _____

Event Date: _____

Original Ticket Cost: _____

Golden Tickets Redeemed: _____

2) Event Name: _____

Event Date: _____

Original Ticket Cost: _____

Golden Tickets Redeemed: _____

3) Event Name: _____

Event Date: _____

Original Ticket Cost: _____

Golden Tickets Redeemed: _____

Total # Golden Tickets Redeemed: _____

**Organizations that participate in the program as an “on-going” standing offer,
please submit total for the month/ year below.**

Month/ Year: _____

Original Ticket Cost: _____

Total # Golden Tickets Redeemed: _____

Mail form and coupons to:

*Miami-Dade County Department of Cultural Affairs, Attn: Gisella Rivas-Diaz
111 NW 1st Street, Suite 625, Miami, FL 33128*