



72nd Cherry Blossom Festival

A project of the Honolulu Japanese Junior Chamber of Commerce

CONTESTANT RECEPTION ORDER FORM **(NO VOTE)**

This event is subject to change based on City and State regulations.

SATURDAY, FEBRAURY 17, 2024

5:00 pm – 8:00 pm

The District

1349 Kapiolani Blvd.

Must be 21+ to attend event

Orders submitted using this order form will not be eligible for Miss Popularity Contest. If you are supporting a 72nd Cherry Blossom Festival Contestant, please contact that Contestant directly to ensure that your order is applied to the Miss Popularity Contest.

ORDER GUIDELINES:

Order forms will be accepted via email (cbfsales@hjcc.com) from **Saturday, December 16, 2023 at 5:00 PM HST to Saturday, February 3, 2024 at 11:59 PM HST or when sold out.**

ITEM	QUANTITY	PRICING	SUBTOTAL \$
Individual Ticket		x \$35.00 each	

TOTAL \$ _____

Name: _____

Phone Number: _____

TICKET PICKUP:

Tickets will be available at Will Call the night of Contestant Reception. Please provide the contact information of the person who will be picking up your tickets:

Name: _____

Phone Number: _____

NO REFUNDS will be issued. Please note that payment, contributions or gifts to the Cherry Blossom Festival or Honolulu Japanese Junior Chamber of Commerce are not tax deductible as charitable contributions.

PAYMENT:

Full payment must accompany each order. Acceptable payments include cash, local checks, and money orders payable to **Cherry Blossom Festival**, Visa and MasterCard. Visa and MasterCard orders can be emailed to cbfsales@hjcc.com via this order form. **All other payments must be delivered in-person to the Sales Co-Chair with a copy of this completed order form (after this order form has been emailed to cbfsales@hjcc.com).**

SELECT FORM OF PAYMENT:

- Cash**
- Check** made payable to Cherry Blossom Festival **CHECK#:** _____ **LAST NAME:** _____

PayPal payments may be submitted via the QR code.
The items purchased AND your name MUST be included in the note section.

- Credit Card**
Check one: Visa MasterCard

Credit Card Number: _____ CSC#: _____
 Cardholder's Name: _____ Billing Zip Code: _____
 Authorized Signature: _____ Expiration Date: _____



If you are paying by check or cash, it must be delivered in-person to the Sales Co-Chairs with a copy of this completed order form (after this order form has been emailed to cbfsales@hjcc.com).

FOR HJJCC USE ONLY			
Email Date: _____	Order#: _____	Check#/Credit Auth: _____	Initial: _____
Email Time: _____	Ticket#: _____	Processed Date: _____	Date Mailed: _____