

EMERALD CLUB

Name: _____

Company Name: _____

*Please indicate the name by which you would like to be recognized.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Please return this form with your check payable to the
City of Dublin
or provide your credit card information below

Dublin Irish Festival
5620 Post Rd.
Dublin, OH 43017-1212

Master Card _____ Visa _____ American Express _____ Discover _____

Credit Card Number: _____

Expiration Date: _____

Authorized Signature: _____

I would like to join the 2012 Emerald Club
at the level indicated below:

\$1,400 Membership Level
8 Festival/8 Emerald Club Tickets Per Day
2 VIP Parking Passes

\$700 Membership Level
4 Festival/4 Emerald Club Tickets Per Day
1 VIP Parking Pass

\$400 Membership Level
2 Festival/2 Emerald Club Tickets Per Day

Ages 2 or older must have an Emerald Club Ticket

You should receive your Emerald Club package by Monday, July 22, 2012

