



2025 Group Ticket Order Form

Organization Information			
Name:			
Contact Name:		Title:	
Address:			
City:	State:	ZIP Code:	
E-mail:		Phone:	
Website:		Date of Visit:	

Ticket Offer	Price	Quantity	Total
Adult Ticket (Min. 20) (Gate price \$32)	\$16.00		\$
Child (Ages 6-12) / Senior Ticket (Min. 20) (Gate price \$17)	\$13.00		\$
Passport to Savings Voucher	\$4.00		\$
Parking (Gate \$26)	\$21.00		\$
Food Voucher (\$10 increments-money can be added, no change given)	\$10.00		\$
Shipping & Handling (Unless specified to be picked up at Fairplex)	\$15.00		\$

All sales final, no refunds
FREE bus parking

\$

Choose one: Please mail my order I will pick up the order (No S&H charge)

Payment Method Please make all checks payable to LA County Fair

CHECK # _____ VISA MASTERCARD DISCOVER AMEX

Credit Card Number	Name on Card	Exp. Date	CVV Code <small>3 numbers on back of card</small>
Signature	Date	Billing Zip Code	

PLEASE FILL OUT & EMAIL YOUR SIGNED AGREEMENT TO: groupsales@fairplex.com

For Office Use Only			
Mailed on: _____	Pick-up on: _____	Signature at Pick-up: _____	Date: _____ AS Initials: _____