

Benefit Ticket Order Form

TICKETS ARE \$20 PER PERSON

PLEASE PRINT

Student(s) Name: _____

Parent Name: _____ Phone# _____

Total Number Tickets Purchased: _____

Ticket Numbers _____

Amount: _____

DATE: _____

STAFF INITIAL: _____

(Children under 2, in adult's lap _____)
No charge

Cash _____

Check # _____

Credit Card _____