

Benefit Ticket Order Form



NOVA

TICKETS ARE \$20 PER PERSON

PLEASE PRINT

Student(s) Name: _____

Parent Name: _____ Phone# _____

Total Number Tickets Purchased: _____

Ticket Numbers (seats are not assigned) _____

Amount: _____

DATE: _____

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

STAFF INITIAL: _____

JR: _____

Cash _____

Check # _____

Credit Card _____

All proceeds from ticket sales will be given to NOVA (National Organization of Vascular Anomalies)

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