

St. Mary's College Graduation Ceremony, Dinner & Dance 2020 TICKET REQUEST FORM

Student's Name:

Class (Tick appropriate box) 5-5 5-6 5-7 5-8 5-9

Parent/Guardian's Name: *Contact #*

Total number of Tickets requesting:

Not attending: []

Family Contribution: \$.....

Contributor name:

.....

Please do not write on this portion of the form

FOR GRADUATION COMMITTEE USE ONLY:

PAYMENT	AMOUNT
No. of tickets paid for [] @ \$450 No. of Vegan Meals []	\$
Contribution	\$
Total collected	\$
CASH	\$
CHEQUE # BANK:	\$
Payer/Drawer:	
Ticket Numbers received:	
Received By:	Date:
PAYMENT	AMOUNT
No. of tickets paid for [] @ \$450 No. of Vegan Meals []	\$
Contribution	\$
Total collected	\$
CASH	\$
CHEQUE # BANK:	\$
Payer/Drawer:	
Ticket Numbers received:	
Received By:	Date:
PAYMENT	AMOUNT
No. of tickets paid for [] @ \$450 No. of Vegan Meals []	\$
Contribution	\$
Total collected	\$
CASH	\$
CHEQUE # BANK:	\$
Payer/Drawer:	
Ticket Numbers received:	
Received By:	Date: