

RESERVED SEATING TICKET ORDER FORM

Name: _____

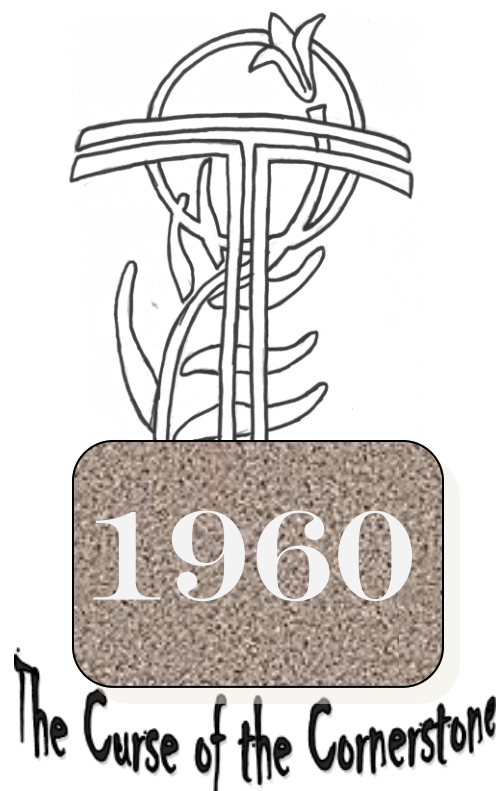
Student Contact: _____

Phone # _____

Email: _____

1. Complete form and turn in by noon on Friday, February 24.
2. Include check made payable to Padua Franciscan
3. Return form and check to the General Office or mail to:

Padua Franciscan HS
6740 State Road
Parma, OH 44134
Attn: Mrs. Liz Scholz



Price Total # tickets

Saturday February 25	\$15/person		Total Cost \$
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Total of check made payable to Padua Franciscan: \$ _____

Tickets can be picked up in the General Office at Padua or held at the box office. Tickets must be preordered.

*****FOR OFFICE USE ONLY*****

Check # _____ Amount Paid _____ Date Received _____

Table number(s)

Seat(s)

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