



**St. Alphonsus School  
GALA XXIX**



**ST. ALPHONSUS SCHOOL  
GALA XXVIII DINNER AND DANCE  
SATURDAY, APRIL 28, 2018  
FORT GARRY HOTEL AND CONFERENCE CENTRE**

# Ticket Order Form

Company/Individual Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone #'s: \_\_\_\_\_

Tax Receipt Issued to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Ticket Orders:

**Gala 2018 Ticket Purchase Quantity** \_\_\_\_\_ **x \$130.00 =** \_\_\_\_\_

**Please choose method of payment:**

Cheque \_\_\_\_\_ Credit Card \_\_\_\_\_ Payment in full in the amount of \$ \_\_\_\_\_

Please make cheques payable to "St. Alphonsus Gala Dinner", For Credit Card Please Complete Information Below

**Payment Plan Options**

For payment plan please choose the # of payments(max 5) and divide by the sponsorship amount.

Number of Payments: \_\_\_\_\_ Each Payment Amount \$ \_\_\_\_\_

Please circle payment dates below:

January 28/2018   February 28/2018   March 28/2018   April 28/2018   May 28/2018

Please make postdated cheques out to "St. Alphonsus Gala Dinner" and for the above selected dates,  
Credit Card payments will be billed on the above selected dates

**Credit Card Information**

Visa/Mastercard #: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please **CIRCLE** your preference: "send my tickets home" or "I/We will pick our tickets up in the office"

First Gala attending? Y / N

Referred by: \_\_\_\_\_



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GUEST LIST**

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**PURCHASE INFORMATION**

Company / Individual Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Sponsorship Level (if applicable): \_\_\_\_\_

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**GUEST NAMES (INCLUDING PURCHASER)**

NAME OF GUEST	SPECIAL MENU REQUIREMENTS

**ADDITIONAL INFORMATION**

Please seat us with:

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