



ST. ALPHONSUS SCHOOL  
GALA 35 – DINNER AND DANCE  
SATURDAY, APRIL 26, 2025  
DELTA HOTEL

### SPONSOR ORDER FORM

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

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

Phone Number: \_\_\_\_\_ Tax Receipt Issues to: \_\_\_\_\_

### TICKET ORDER

GALA 2025 Ticket Purchase Quantity \_\_\_\_\_ x \$175.00 = \_\_\_\_\_

#### Payment Method

Cheque      Credit Card      e-Transfer      Payment amount of \$ \_\_\_\_\_

\*Please make cheques payable to "St. Alphonsus Gala Dinner"

\*e-Transfers can be sent to [galapayments@stals.ca](mailto:galapayments@stals.ca)

#### Payment Plan Options

Please choose the # of payments (max 4) and divide by the sponsorship amount Number of

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

Please check off payment plan dates below:

January 31, 2025      February 15, 2025      March 15, 2025      April 15, 2025

\*Please make post dated cheques out to "St. Alphonsus Gala Dinner" for the above selected dates

#### Credit Card Information

Visa/Mastercard Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

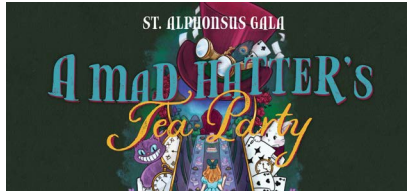
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Please check one of the following:

Send my tickets home      I/We will pick our tickets up in the office

First Gala Attending? Yes or No

**Referred By (St. Als Family Name:)**



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**GUEST LIST - Family and Friends Welcome!**

PURCHASE INFORMATION

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

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

**GUEST NAMES (INCLUDING PURCHASER)**

Name of Guest	Dietary Restrictions/Allergies

ADDITIONAL INFORMATION

Please seat us with \_\_\_\_\_