



**ST. ALPHONSUS SCHOOL  
GALA DINNER AND DANCE  
SATURDAY, MAY 6, 2023  
DELTA HOTEL**

# Ticket Order Form

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

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

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

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

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

## Ticket Orders:

**Gala 2023 Ticket Purchase Quantity** \_\_\_\_\_ **x \$160.00 =** \_\_\_\_\_

### Please choose method of payment:

Cheque \_\_\_\_\_ Credit Card \_\_\_\_\_ eTransfer \_\_\_\_\_

Please make cheques payable to "St. Alphonsus Gala Dinner", eTransfers can be sent to galapayments@stals.ca

For Credit Card payments, 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:

February 15, 2023    March 15, 2023    April 15, 2023    May 15, 2023

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:

\_\_\_\_\_