



ST. ALPHONSUS SCHOOL
GALA 33 – DINNER AND DANCE
SATURDAY, APRIL 20, 2024
DELTA HOTEL

TICKET ORDER FORM

Company/Individual Name: _____ Contact: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Tax Receipt Issued to: _____

TICKET ORDER

GALA 2024 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

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 29, 2024 February 15, 2024 March 15, 2024 April 15, 2024

*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



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GUEST LIST

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 _____