



**ST. ALPHONSIUS SCHOOL
GALA 36 – DINNER AND DANCE**

TICKET ORDER FORM

Company/Individual Name: _____ Contact: _____

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

Phone Number: _____ Tax Receipt Issues to: _____

TICKET ORDER

GALA 2026 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 31, 2026 February 15, 2026 March 15, 2026 April 15, 2026

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

Credit Card Information

Visa/Mastercard Number: _____ Expiry Date: _____
Name on Card: _____ Signature: _____

New this year, all purchases will be tracked electronically, no paper tickets required.

First Gala Attending? Yes or No **Referred By (St. Als Family Name):** _____

ST. ALPHONSUS SCHOOL
GALA 36 – DINNER AND DANCE
SATURDAY, APRIL 25, 2026
DELTA HOTEL

GUEST LIST - Family and Friends Welcome!

PURCHASE INFORMATION

Company/Individual Name: _____ Contact: _____

Sponsorship Level (if applicable): _____

GUEST NAMES (INCLUDING PURCHASER)

Name of Guest	Dietary Restriction/Allergies

ADDITIONAL INFORMATION

Please seat us with _____

*Please note that all seating requests will be done on a best effort basis