



Date | Friday, March 14

Time | 5:00-7:00pm (meal service ends at 6:30pm)

Place | SHS Gymnasium

Cost | \$7 per person

Includes | Pasta, Salad, Bread, Drink & Dessert

This is not a drop-off event

TICKET FORM

Dine-In | \$7 Per Person

of Attending _____ Total Amount Due \$ _____

Take-Out | \$7 Per Person

Requested Meals _____ Total Amount Due \$ _____

Payment Type

_____ Check Enclosed

_____ Credit Card _____ Exp. Date _____ CVC # _____

~ Return to the Front Office with payment by Monday, March 10th ~

For Office Use | Payment Included _____ Payment Type _____ Date Received _____