

Student Name/Grade (if applicable): _____

KNIGHT OF



Ticket Order Form

Last Name	First Name	Contact Ph #	Gluten-Free? Vegetarian?	Ticket Price \$35.00	(Office use only) Ticket/Table #
				\$	/
				\$	/
				\$	/
				\$	/
				\$	/
				\$	/
				\$	/
				\$	/
				Total \$	

Tables will seat EIGHT people.
 If you wish to be seated with someone not listed on this form above, please list their names here. We will do our best to accomodate special requests.

- Please mail my tickets to this address: _____
- Please hold my tickets until the night of the event. (Tickets will be mailed or held after payment is received.)

-Forms and money are due by February 11 - please include check (made out to "Castle Band Boosters") with this form.
 -Mail form and check to: Castle High School Band office, attn: KNIGHT OF JAZZ, 3344 Highway 261, Newburgh, IN 47630
 -Maximum of 250 tickets will be sold. -For questions, please call Julia Lee at 812-499-4578.