



GRADUATION CELEBRATION  
TICKET ORDER FORM 2023

NAME OF GRADUATE(S)		
A.		
B.		
NAME OF GUESTS (MAXIMUM OF 12 ATTENDEES PER TABLE INCLUDING GRADUATE(S))		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	
Comments: <input type="checkbox"/> Wheelchair access required <input type="checkbox"/> Other (please specify): _____		
<b>THIS SECTION TO BE FILLED OUT BY OFFICE STAFF ONLY</b>		
Ticket Cost: \$150 per person	Total Amount Paid:	Date (MM/DD/YY):
Number of Tickets Requested _____	\$_____	____/____/____
<input type="checkbox"/> Cash	<input type="checkbox"/> Paid in Full	<input type="checkbox"/> Cheque
<input type="checkbox"/> Amount Owing: \$ _____		
TABLE #		
Comments / Amendments:		
Date:		
Date:		
Date:		