

Table No. _____
Table Ct. _____
(office use only)

TICKET PURCHASING FORM

Company/Family Name: _____

Contact Name: _____ Phone: _____

Email: _____

SHCS Student Name: _____ Grade: _____ Teacher: _____

Ticket Purchase Options: (Circle one)

Single Ticket (pp) \$100

Table for up to 10 \$1000

VIP Table for up to 10 \$1250

VIP Special

- VIP check-in
- Chef Tequila (2)
- Priority dinner service
- Butler service
- Dance floor seating
- Complimentary raffle ticket

Names of guests to be seated together. (Print clearly. Auction number will be assigned.)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Sponsor St. Helen Staff Ticket Price \$100 [List name of staff member(s) above.]

100% of all ticket and table sales will count towards SHCS Family Fundraising Commitment. The fair market value of this event is \$65 per guest. The St. Helen Parish meets all requirements of a 501 (c)(3) organization and all donations and sponsorships are tax deductible.

Total Payment Due: \$ _____ Total tickets: _____

Paid by: Check # _____ (Payable to SHCS) Credit Card Square

Name on Card: _____

Authorized Signature: _____

CC#: _____ - _____ - _____ Exp. Date: ____/____/____

CVV: _____ Zip: _____

I give permission for St. Helen Catholic School to charge my credit card for the amount due shown above. I agree to pay the above total amount according to the card issuer agreement.

I give permission to use this card to register my auction number for payment the night of the event. Any goods or services I purchase the night of the event will be processed using this card. I understand I can change this method of payment at any time through written approval to rwood@sthelencatholicsschool.org. Credit card will be charged after April 15, 2024 via Square.