

MADRIGAL TICKET FORM

NAME _____ DATE _____ CHOIR _____

CONTACT INFO _____

MUST CIRCLE: **Friday, December 9** **Saturday, December 10**

of Dinner Gala Tickets _____ X \$30.00 each = \$ _____

of Dinner Tickets _____ X \$25.00 each = \$ _____

of Dessert Only Tickets _____ X \$15.00 each = \$ _____

of Performance-Only Tkts _____ X \$10.00 each = \$ _____

TOTAL \$ _____

Cash _____ Credit Card _____ Check # _____

TABLE _____ SEAT NUMBER(S) _____

TABLE _____ SEAT NUMBER(S) _____