Once On This Island Ticket Pre-Sale Form

Student's Name:			· · · · · · · · · · · · · · · · · · ·	
Parent's Name:				
Parent's Email:				
Phone Number: ***Emails and Phone Number ticket purchase and ensure the	s that are listed o	on this form	•	
Date	Price	Qty	Total Per Night	
Thursday, November 16	\$5.00 X			
Friday, November 17	\$5.00 X			
Saturday, November 18	\$5.00 X			
		To	otal:	
Forms should be completed administration building by for pick-up November 13 - 1 at the theater door on any g 6:00pm - 7:00 pm. If you ha	and returned to November 10, 2 5 from 3:00pm - iven show date f	the drop bo 2017. Ticket 4:00pm at the from s please con	s purchased will be available he High School Main Office or	
Receipt: Total collect	Total collected:		Cash:	
Check #:		Ticket	Ticket # issued:	
Issued by: _				