

Ticket Order Form



Join us for an evening sure to be the Bee's Knees:

Charter School of Morgan Hill's Gala Benefit Auction,
All That Jazz: A Roaring Twenties Evening

Willow Heights Mansion, Morgan Hill
 October 1, 2010 5pm

Tickets also available online at www.csmh.org. Ticket deadline is 9/18!

Questions? Contact Lora Knol at lora@loraknoldesigns.com

<p>Tickets:</p> <p>Please note, drink tickets are for beer and wine. Extra tickets will be sold during the event, as well as wine by the bottle.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Quantity</td> <td style="width: 60%;">Ticket only/\$85</td> <td style="width: 25%;">Total \$</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Ticket + 2 drinks/\$99</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>VIP Table for 8 (free drinks) /\$1600</td> <td>_____</td> </tr> </table> <p>Contribution to <i>Be a Star: Teacher's Wish List</i> (List name/address if not attending) _____</p> <p style="text-align: right;">Total \$: _____</p>	Quantity	Ticket only/\$85	Total \$	_____	_____	_____	_____	Ticket + 2 drinks/\$99	_____	_____	VIP Table for 8 (free drinks) /\$1600	_____	<p>Payment:</p> <p>Please circle one: Visa Mastercard Check Cash (Make checks payable to CSMH)</p> <p>Card # _____</p> <p>Exp. date _____ Sec. code _____</p> <p>Signature _____</p>
Quantity	Ticket only/\$85	Total \$											
_____	_____	_____											
_____	Ticket + 2 drinks/\$99	_____											
_____	VIP Table for 8 (free drinks) /\$1600	_____											
<p>Guest One:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email _____</p>	<p>Guest Three:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email _____</p>												
<p>Guest Two:</p> <p>Name _____</p> <p>Address <input type="checkbox"/> Same as Guest One</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email _____</p>	<p>Guest Four:</p> <p>Name _____</p> <p>Address <input type="checkbox"/> Same as Guest Three</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Email _____</p>												

Return this form with payment to the CSMH office. Thanks!