

# Ticket Order Form

Name \_\_\_\_\_

Tel: \_\_\_\_\_

Address \_\_\_\_\_

Thursday, Sept. 17

7:30 PM

Friday, Sept. 18

7:30 PM

Saturday, Sept. 19

7:30 PM

Sunday, Sept. 20

2:00 PM

Adult     \_\_\_ @ \$15.00

Children   \_\_\_ @ \$5.00

Total     \$ \_\_\_\_\_

Adult     \_\_\_ @ \$15.00

Children   \_\_\_ @ \$5.00

Total     \$ \_\_\_\_\_

Adult     \_\_\_ @ \$15.00

Children   \_\_\_ @ \$5.00

Total     \$ \_\_\_\_\_

Adult     \_\_\_ @ \$15.00

Children   \_\_\_ @ \$5.00

Total     \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_ Make Check Payable to: Friends of Saint Anne's Hospital

Mail to: Chris Roy  
77 Edwards Avenue  
Swansea, MA 02777

or Call: 508-235-5269