

Basket Raffle Ticket Order Form

Tickets are 1 for \$2, 3 for \$5 or 7 for \$10

Make checks payable to HSHS Choral Boosters

Name: _____

Email: _____

Phone number: _____

_____ # of tickets for the Family Movie Night Basket

_____ # of tickets for the Chocolate Basket

_____ # of tickets for the Spa Basket

_____ # of tickets for the Gift Card Basket

_____ # of total tickets

Total amount of money enclosed: _____

Check # _____ or cash _____

-----for office use only-----

Date received: _____

Tickets generated: _____