

DINNER AUCTION TICKET ORDER FORM

Return this form with payment to SHCS.

**Please makes checks payable to SHCS, be sure to include current phone number **

□\$25 Single **□**\$40 Couple

*\$250 for Reserved party of eight. (See back for ticket information)

Name: ______

Email: _____ Phone: _____

Total Enclosed \$

Please return this form with your payment to the Sacred Heart Catholic School Front Office OR mail the form with payment to 300 S. Davis Drive, Suite 100 Warner Robins GA, 30188.

Contact Wendy Jackson at shsengage@shswr.org with any questions.

PLEASE RETURN THIS FORM BY JANUARY 31, 2020



RESERVED PARTY OF 8. *Please list all attendees requiring a bid number*
Use only one block if a couple will be sharing the same bid number.

		_	
BID 1	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_
BID 2	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_
BID 3	Name:		
	Email:	Phone:	
	Total Enclosed \$		_
BID 4	Name:		
	Email:	Phone:	
	Total Enclosed \$		_
BID 5	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_
BID 6	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_
BID 7	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_
BID 8	Name:		
	Email:	Phone:	_
	Total Enclosed \$		_