



**GRADUATION CELEBRATION  
TICKET ORDER FORM 2024  
TICKETS ARE NON-REFUNDABLE**

**EACH GRADUATE IS REQUIRED TO SUBMIT HIS OWN FORM**

**GRADUATE NAME:**

**NAME OF GUESTS**

(MAXIMUM OF 12 ATTENDEES PER TABLE INCLUDING GRADUATE(S))

**DO NOT WRITE GRADUATES NAME IN THIS SECTION**

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	

Comments:

- Wheelchair access required
- Other (please specify): \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY OFFICE STAFF ONLY**

Ticket Cost: \$150 per person      Total Amount Paid:      Date (MM/DD/YY):

Number of Tickets Requested \_\_\_\_\_ \$ \_\_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Cash       Paid in Full       Cheque       Amount Owing: \$ \_\_\_\_\_

**TABLE #**

Comments / Amendments:

Date:

Date:

Date: