



Please keep in mind your table will be assigned to you (8 to a table). If you would like to sit with or next to another party, please indicate this on your ticket order form below. Seating will be in the Gym and in the lower concourse. If someone in your party has a walking disability, please indicate below. We will try to accommodate them. However, if it is a party over 8 people, this request cannot be honored. There is an elevator available. This is a first come first serve, so request early.

 I hav	e a	guest in	my par	ty
that	has	walking	difficul	ties

## 2019 TRICKY TRAY TICKET REQUEST FORM

Ticket includes: one sheet for the 1st level prizes, coffee or tea and cake.

Last day to request tickets: Thursday, January 5th

Parent's Name:		
Child's Name:	Child's Grade:	
I would like to be seated with or near the_		party
# of Tickets x \$15.00 each = \$ for the Tricky Tray on Friday,		
Make check made payable to: <b>Sacr</b>	ed Heart Schoo	ol
Any questions, contact Patty Paylic	a (School Office)	)