SAINT ELIZABETH PARISH SCHOOL CAR RAFFLE TICKET ORDER FORM

NAME:	NUMBER OF TICKETS:
PHONE:	TOTAL DUE (@ \$100/EA.):
EMAIL:	
	OFFICE USE ONLY
STREET:	CHECK NO CASH: [] TICKET NUMBERS PURCHASED:
CITY, ZIP	TICKET NUMBERS PURCHASED:
	DATE:
	BETH PARISH SCHOOL TICKET ORDER FORM NUMBER OF TICKETS:
PHONE:	
PHONE:	TOTAL DUE (@ \$100/EA.):
EMAIL:	TOTAL DUE (@ \$100/EA.):
	OFFICE USE ONLY
EMAIL:	OFFICE USE ONLY