

SPORTS NIGHT

Please return this portion with payment to the school office. Thank you for your support.

Include names of all Athletes for RSVP

Athlete's Name _____	Class _____
Athlete's Name _____	Class _____
Athlete's Name _____	Class _____

I would like to purchase:

_____ # of ATHLETE tickets @ FREE	=	\$	-0-
_____ # of ADULT tickets @ \$15	=	\$	_____
_____ # of STUDENT/SIBLING tickets @ \$10	=	\$	_____

_____ Total # Attending	Total Amount: \$	_____
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Please make checks payable to Chamlian Armenian School.