

Ticket Request Form:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

Payment: # of Tickets _____ \$50 each
_____ 3 for \$125

Visa ___ MC ___

_____/_____/_____/_____

Exp. ___ ___ / ___ ___
M M Y Y

3 numbers on Back _____

Cash ___

Cheque ___ (made out to Cove Guest Home Foundation)