

2014 Madrigal Ticket Form



Party Name: _____

Email: _____ Phone: _____

Special Requests

Dietary Restrictions: _____

Other Comments/Requests: _____

Guest Names (please list each guest)

Guest Names for Saturday Afternoon (2pm) Dessert performance Total Cost (\$10/ticket): _____

Guest Names for Saturday Evening (6pm) Dinner performance Total Cost (\$20/ticket): _____

Guest Names for Sunday Afternoon (2pm) Dinner performance Total Cost (\$20/ticket): _____

Total Paid \$ _____ Check # _____

Please Note: Reservations will be confirmed only after payment is received. Checks should be payable to M-S Music.

Return form AND payment to:

Jill Rinkel, Choral Director
Mahomet-Seymour High School
302 State Street, Mahomet, 61853
jrinkel@ms.k12.il.us