

2018 Madrigal Ticket Form



Party Name: _____

Email: _____ Phone: _____

Special Requests

Dietary Restrictions: _____

Other Comments/Requests: _____

Guest Names (please list each guest)

Guest Names for Sat. December 8 (2pm) Dessert performance Total Cost (\$12/ticket): _____

Guest Names for Sat. December 8 (6pm) Dinner performance Total Cost (\$25/ticket): _____

Guest Names for Sun. December 9 (2pm) Dinner performance Total Cost (\$25/ticket): _____

Total Paid \$ _____ Check # _____

Return form AND payment to:

Nicole Kuglich, Choral Director
Mahomet-Seymour High School
302 State Street, Mahomet, 61853
nkuglich@ms.k12.il.us

Please Note: Reservations will be confirmed only after payment is received. Checks should be payable to MSHS.