



PTSA Spring Raffle 2017 Ticket Order Form



Student Name: _____ Grade: _____ Teacher: _____

Number of Tickets: _____ @ \$1/ticket Total amount enclosed with order: \$ _____

Payment Method: Check Cash

- Please send tickets home with my child
- I give my child permission to submit tickets in his/her basket(s) of choice at the school

Parent Name: _____ Phone: _____

Parent Signature: _____

Questions? Please email us at fcespts@gmail.com.

For Office Use Only: Check# _____ Name on Check: _____



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