



**2018 Reservation Form
SAHS Graduation Reserved Seating**



Graduate Name: _____

Ticket Purchasers Name: _____

Best Contact Number: _____

E-Mail: _____

*Required for ticket confirmation

Reserved Seating Ticket Prices:

4 seats \$100 / 5 seats \$125 / 6 seats \$150 / 7 seats \$175 / 8 seats \$200

*Minimum of 4 seats must be purchased to reserve seats. *

If you need more than 8 tickets: You must find other Graduate families not needing their 8 tickets to transfer the necessary number of seats to you. Both must fill out and sign the "Ticket Transfer Form".

This form must be turned in **with payment** to Mr. Ranick's Room D406. We accept cash, checks made out to "**SAHS PTO**", or a printed receipt of PayPal payment. You will receive a call in the order in which we receive this form to guide you to select your seats. It is first come, first served, so don't wait!

For Office Use Only:

Time/Date received: _____ Payment Received: \$ _____

Total Seats: _____

Seat Selection: Sec. _____ Row _____ Seat # _____

The St. Augustine High School PTO, "The HIVE", thanks you for your support.

If you have any questions, please contact the SAHS PTO by emailing:
thehivepto@gmail.com