



the garden gala

san diego cooperative charter school
www.sdccs.org

7260 Linda Vista Road, San Diego 92111
phone: 858-496-1613

TICKET ORDER FORM

San Diego Woman's Club March 20, 2010 – 6-11pm

NAME: _____ PHONE: _____

EMAIL: _____ CHILD'S NAME/GRADE: _____

Would you be interested paying for SDCCS Childcare for the evening of the gala? _____

If so, for how many children? _____ Ages? _____

We'd like to give all SDCCS Staff Members an opportunity to purchase tickets at a discounted rate. Your donation to the Staff Ticket Fund allows us to reduce the ticket cost of each SDCCS Staff Member.

Please reserve _____ tickets @ \$50 each. TOTAL: \$ _____

Donation to the Staff Ticket Fund \$10 \$15 \$20 other \$ _____ TOTAL: \$ _____

Number of Drinks Tickets * _____ @ \$ 3 each. (1 drink per ticket) TOTAL: \$ _____

DRINK PREFERENCE: BEER or WINE *drink tickets to also be sold at venue

Thank you for your support! GRAND TOTAL: \$ _____

Please make checks payable to SDCCS-PSA.

Order forms can be given to your child's teacher or turned in at the Front Office.

Ticket confirmation will be sent via email.

All SDCCS Parents and Staff wanting to attend must purchase a ticket to the event. Complimentary tickets are not available. Discounted tickets must be approved by the PSA Executive Committee.