2014 *Symphony of Trees*
Ticket Order Form

Last Name: _____ **First Name(s):** _____ ___

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Please make checks payable to "Symphony of Trees" and mail with this form to Symphony of Trees, c/o Henry County Hospital, 1600 E. Riverview Ave., Napoleon, OH 43545. For inquiries and questions please phone (419)591-4766.

Victorian Tea	_____	**at $20**	_____
Tailgate in the Trees	_____	**at $30**	_____
Tailgate Table for 10 (Use Tailgate Table Res. Form)			
Tapestry of Tables	_____	**at $25**	_____
GALA	_____	**at $55**	_____
GALA Table for 8 (Use GALA Table Reservation Form)			
Sunday Brunch (adult)	_____	**at $8**	_____
Sunday Brunch (child)	_____	**at $5**	_____
Children's Tea (adult)	_____	**at $15**	_____
Children's Tea (child)	_____	**at $10**	_____
Total:		**$**	_____

Payment may be made by check or credit card. If paying by credit card, please provide the following:

Name (as it appears on card):

_____

Credit Card Number:

_____

Expiration Date: _____

Signature:

_____

Important: Use one form per household and list all individuals attending events. *Reserved group seating is available if ticket requests are paid in advance and forms are submitted in the same envelope.*

Ticket order form may be copied or use this additional space.

Please call in advance to request handicapped seating

To reserve a table of 10, all ten reservations must be included.

EVENT	**NAME**	**ADDRESS**	**PHONE**