



SAINT MARY
S C H O O L

Saints Café
Lunch Ticket Order Form



DATE:_____ HOMEROOM #:_____ GRADE:_____

STUDENT FIRST NAME:_____

STUDENT LAST NAME:_____

QUANTITY OF TICKETS #:_____

AMOUNT ENCLOSED:_____ CIRCLE: CASH OR CHECK

MINIMUM OF 5 TICKETS PER PURCHASE.

EXACT AMOUNT IN CASH OR A CHECK (PAYABLE TO: HOMESTYLE KITCHEN LLC.)

***TICKETS ARE NON REFUNDABLE.**



SAINT MARY
S C H O O L

Saints Café
Lunch Ticket Order Form



DATE:_____ HOMEROOM #:_____ GRADE:_____

STUDENT FIRST NAME:_____

STUDENT LAST NAME:_____

QUANTITY OF TICKETS #:_____

AMOUNT ENCLOSED:_____ CIRCLE: CASH OR CHECK

MINIMUM OF 5 TICKETS PER PURCHASE.

EXACT AMOUNT IN CASH OR A CHECK (PAYABLE TO: HOMESTYLE KITCHEN LLC.)

***TICKETS ARE NON REFUNDABLE.**