

Ticket Reorder For
Support Our Kids
Money by the Month



Family Name: _____

Phone Number: _____

Youngest Name: _____

Youngest Room Number: _____

Number of tickets requested: _____

Tickets will be sent home with the youngest child on Mondays and Thursdays.



Sold Ticket Form
Support Our Kids
Money by the Month



Family Name: _____

Phone Number: _____

Youngest Name: _____

Youngest Room Number: _____

Number of tickets sold: _____ X \$5.00 = _____

Please return ticket stubs and a check made payable to St. Michael Parent Group in an envelope with your family name and "Raffle" written on it.

No tickets will be accepted after
September 28, 2007.