

St. Paul's School Grand Auction Dinner & Game Ticket Order Form with Parent Discount

Name: _____

Address: _____

Phone: _____ E-mail: _____

_____ Table of 10 (\$500)

_____ x \$50 each Individual Tickets

(Discounted pricing of \$45/ticket & \$450/table will be offered to St. Paul's School families if tickets are purchased by **October 13th.)**

_____ x \$25 each for Stayin' Alive game tickets (1 in 100 chance to win \$700)

_____ x \$10 each for Heads or Tails game tickets (Last person standing wins \$300.
Limit 2 chances purchased per person.)

_____ Child Care Donation \$5/child or \$10/family (see below)



venmo

Total Payment included: _____ (Cash, Check or Venmo)

Childcare: Once again we will be offering child care with a pizza dinner for St. Paul's School, Church, and Child Care children and their sibling (ages 1 and older please). Childcare will take place at St. Paul's Lutheran Church & School. Childcare will open at 4:30 and be available until 10:00. Please complete the form below for childcare. We will not be charging for this service, however, we are suggesting a \$5/child (or \$10/family) donation to help us offset the cost of childcare and dinner. Childcare space may be limited, please register early.

Child(ren)

Name	Age	Allergies/Special Concerns

Parent(s) Emergency Phone Contact(s): _____

Alternate Emergency Contact; _____

Auction Night Childcare Release: The undersigned gives permissions for his or her child to participate in the above named activity and releases St. Paul's Lutheran Church and School, its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any member of his family in attendance, and the undersigned agrees to defend or indemnify St. Paul's Lutheran Church and School, its officers, employees, and agents from any liability or loss they might sustain by reason thereof.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the childcare staff to hospitalize and/or secure proper treatment for my child.

Parent Signature: _____ Date: _____