



THS Stars Come Home

In partnership with the THS HSA

TICKET ORDER FORM

FIRST NAME _____

LAST NAME _____

MAILING ADDRESS _____

PHONE _____

EMAIL _____

Please indicate the number of tickets in each category. All tickets will be held at the door under your last name.

PREMIUM PLUS, CENTER ORCHESTRA SEATS @ \$250 _____

ORCHESTRA SIDE SEATS @ \$125 _____

HOUSE SEATS @ \$50 _____

VIDEO VIEWING IN MEDIA CENTER (STUDENTS ONLY) @\$20 _____

Student ID# _____ Student ID# _____

Total number of seats purchased _____ Total \$ _____

Additional Gratefully Accepted Donations! \$ _____

Payment Included, Check # _____ in the total amount of \$ _____

Make checks or money orders payable to **THS STARS BENEFIT.**

Questions? E-mail thsstarsbenefit@gmail.com

Mail this form to :
The Stars Come Home
Tenafly High School
19 Columbus Drive
Tenafly, NJ 07670
Attn: Susan Tall

Thank you for your generous support!