

**Mother-Son Bowling**

**Ticket Purchase Form**

Please complete and return this form with your \$10 **per person** payment (for example: Mom + 1 son = \$20). Please return this form and payment by **May 3<sup>rd</sup>** to the office.

Please make check payable to: Mother Seton H.S.A.. Memo line: Mother-Son Bowling 2017.

Mother/Guardian: \_\_\_\_\_

Son: \_\_\_\_\_ Grade: \_\_\_\_\_

Son: \_\_\_\_\_ Grade: \_\_\_\_\_

Son: \_\_\_\_\_ Grade: \_\_\_\_\_

Son: \_\_\_\_\_ Grade: \_\_\_\_\_

If you have any questions, please contact Amber Reaver: [ambies186@msn.com](mailto:ambies186@msn.com).