**2018 *Symphony of Trees***
**Ticket Order Form**

**Last Name:** _____ **First Name(s):** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Phone:** _____ **E-mail:** _____

**Please make checks payable to "Symphony of Trees" and mail with this form to Symphony of Trees, c/o Henry County Hospital, 1600 E. Riverview Ave., Napoleon, OH 43545. For inquiries and questions please phone Michelle Rychener at (419)591-3840.**

**Victorian Tea** _____ **at $20** _____
**Tunes in the Trees** _____ **at $30** _____
**Tunes in the TreesTable** **(up to 8 people/table, please list below)**
**Tapestry of Tables** _____ **at $25** _____
**GALA** _____ **at $55** _____

**GALA Table** **(up to 8 people/table, please list below)**
**Sunday Brunch (adult)** _____ **at $8** _____
**Sunday Brunch (child)** _____ **at $5** _____
**Children's PJ (adult)** _____ **at $15** _____
**Children's PJ (child)** _____ **at $10** _____
**Children's PJ table** **(up to 8 people/table, please list below)**

**Total:** **$** _____

**Payment may be made by check or credit card. If paying by credit card, please provide the following:**

**Name (as it appears on card):**

_____

**Credit Card Number:**

_____

**Expiration Date:** _____
**Security Code:** _____
**Signature:**

_____

***Important: Use one form per table and list all individuals attending events.*** *Reserved group seating is available if reservations are paid in advance and forms are submitted in the same envelope.*

Ticket order form may be copied or use this additional space.
**Please call in advance to request handicapped seating**
To reserve a table, all reservations must be included.

| **EVENT** | **NAME** | **ADDRESS** | **PHONE** |
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