

Breakfast with Santa

Name:_____

Phone (_____)_____

Adults:___ _____**x $13.00 ea. =$**_____
(# of tickets requested)

Kids (4-12)_____**x $10.00 ea. = $**_____
(# of tickets requested)

Kids (under 4):_____ **x $0.00 ea. = $**_____
(# of tickets requested)

TOTAL AMOUNT DUE = $_____

Special Requests: _____

Please make checks payable to the Bloomingdale Public Library.
Cash or checks only. Sorry, we cannot accept credit/debit cards.

FOR OFFICE USE ONLY

Method of Payment (check one):

☐ Check (#_____)

☐ Cash

Amount Pd. $_____

Ticket Number(s):

_____

_____

_____

_____

Staff Initials:_____ Date: _____



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