

TICKET/ TABLE PURCHASE



Name :

Business Name:

The name assigned to the table:

Email Address:

Phone:

Street Address:

Apartment, suite etc.:

City:

State:

Zip/Postal Code:

☐ I would like to purchase a table of 10 @ \$1,080.00

☐ I would like to purchase _____ seat @\$120.00 each

Total: \$_____

Payment Method:

☐ Check

☐ Credit Cards

(Please proceed to our website www.manoaschoolapt.com, click donate, and enter the amount.
A copy of the payment confirmation must be emailed to stars@manoaschoolapt.com)

ALL SALES ARE FINAL. NO REFUNDS