



GREAT WINE GREAT TIMES
FALL WINE TASTING
RESERVATION FORM



SATURDAY, OCTOBER 13TH
ST. AMBROSE SCHOOL GYM
7:00 PM

\$25 per adult/ \$45 per couple

YES! Count me in!

Name/s: _____

of tickets: _____

SEE REVERSE FOR PAYMENT OPTIONS

Please return form to school office by Friday, 10/5

Statement Regarding FACTS Billing

Charges will be posted to your FACTS account. You will receive an email notification from FACTS when the charge has been posted. To minimize the amount of cash and checks processed in the school office, our strong preference is that you pay for this field trip directly through FACTS.

By signing below I authorize Saint Ambrose Catholic School to automatically bill my FACTS account under incidental billing for this event.

Accept Decline

_____ Signature of authorized FACTS customer

_____ Printed name

_____ Date

\$ _____ Amount

If declined, please return a check or cash in the amount above.