

2024-2025 HARVEST CARNIVAL
(\$450.00 per family participation)

Primary Contact Name: _____

Address: _____

In order to better fit the financial needs of our patrons, the board of directors has established the following options for Harvest Carnival. Please indicate which option you prefer for your family for the 2024-2025 school year. This form must be turned in as part of your registration. **The complete packet will be mailed to the above address. ONLY ONE PACKET PER FAMILY WILL BE MAILED.**

_____ I do not wish to participate in ticket sales. Please draft my account for (6) months @ \$75.00 per month beginning in June and ending in November. I will return my tickets with my name filled in for the drawings.

_____ I do wish to participate in the ticket sales and wish to receive a Harvest Carnival ticket package in order to try to sell my required amount. I am aware that in the event I do not sell all required tickets, my account cannot be assessed. The entire required amount (\$450.00) will be due on the date specified by the board of directors before the Harvest Carnival.

1. Student Name _____ 2. Student Name _____

3. Student Name _____ 4. Student Name _____

Patron Signature: _____

Date: _____