



## TICKETS/TABLE PURCHASE AGREEMENT

### TICKET PURCHASE

Number of Tickets \_\_\_\_\_ x \$150

Total Amount: \$ \_\_\_\_\_

### TABLE PURCHASE (10 TICKETS)

Number of Tables \_\_\_\_\_ x \$1,500

Total Amount: \$ \_\_\_\_\_

### CONTACT/TAX RECEIPT INFORMATION *(50% of total purchase amount is eligible for a tax receipt)*

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Name for Tax Receipt : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### METHOD OF PAYMENT

**Cheque** (Please make all cheques payable to "Little Warriors")  
Mailing address: Little Warriors | PO Box 92507 | Sherwood Park, AB T8A 3X4

**Visa**  **MasterCard**  **American Express**

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Signature: \_\_\_\_\_

**Invoice**

Company Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### NEXT STEPS

Please email this form and your company logo in .eps format to [shannon@littlewarriors.ca](mailto:shannon@littlewarriors.ca).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE