

Medieval Feast Ticket Order Form

Name: _____

Address: _____

Email: _____

Phone: _____

	<u>No.</u>		<u>Price</u>
Adults:	___	x \$10 =	___
Children (7-12):	___	x \$6 =	___
Children (under 7):	___	Free	___
Total:	___		___

*Please return this order form and payment
to Shane Burge in the RBC/HCS
Finance Office by October 22.
1736 Whiteford Road
Darlington, MD 21034
410-457-5101*