

Christmas Festival **Dinner Ticket** Order Form

Please indicate number of dinner tickets @ **\$21 each**:

Thursday, Dec. 4

_____ Friday, Dec. 5

Total amount enclosed \$ _____ **(make checks payable to Capital University – memo “Christmas Festival Dinner”)**

Name _____

Daytime telephone () _____

Address _____

E-mail _____

City/State/ZIP _____

Space is limited; dinner tickets will be sold on a first-come basis.

Return this form to: Capital University, Meeting and Event Services, 1 College and Main, Columbus, OH 43209-2394.