



St. Ferdinand Parents Club

TRUNK **OR** TREAT

R.S.V.P SHEET

I plan to participate yes _____ NO _____

LET US KNOW YOUR FAVORITE TAFFY APPLE



Plain _____

Peanut _____

Sprinkle _____

Split-the-Pot Pre-Order

Purchase tickets for a chance to win half of the total pot..

1 ticket/\$2 or 3 tickets/\$5

Name _____

Grade _____

Phone Number _____

Of Tickets _____

Total \$ _____

Please return this form to main office by October 13th