

Cheesehead Wrestling Tournament 2017  
Preorder Ticket Form

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Tickets Needed

ADULT (\$25) Qty: \_\_\_\_\_

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

STUDENT (\$15) Qty: \_\_\_\_\_

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

SENIOR CITIZEN (\$20) Qty: \_\_\_\_\_

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

**TOTAL # of TICKETS:** \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO: **KAUKAUNA WRESTLING CLUB**

Send tickets to:

**Cheesehead Tickets**  
**205 W. 5th St.**  
**Kaukauna, WI 54130**