

Eastmont High School Cinderella Refund Request

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Number of adult tickets purchased: _____

Number of student tickets purchased: _____

Total amount: \$ _____

PLEASE ATTACH TICKETS/RECEIPT TO THIS FORM AND MAIL TO:

ASB BOOKKEEPING
ATT: NEDDY FARIAS/LEANNE BRANAM
955 3RD STREET NE
EAST WENATCHEE, WA 98802

Please allow 2-4 weeks for processing.

We appreciate your support to EHS!

Go Wildcats!

Sincerely,

Neddy Farias
EHS ASB Bookkeeper
(509) 888-4755
Fariasn@eastmont206.org

