**NIGHTS of LIGHTS**

-ORDER FORM-

Name of Family (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Adults: \_\_\_\_ x $10.00 = $\_\_\_\_\_\_\_\_

Number of Children (5-14): \_\_\_ x $5.00 = $\_\_\_\_\_

 **TOTAL PAYMENT: $\_\_\_\_\_\_\_\_\_\_**