

NATIONAL TEAMS AWARDS BANQUET AND FUNDRAISER



January 11th, 2014 - Renaissance Toronto Downtown (Rogers Centre)

REGISTRATION



Name: _____ Phone: _____
 Company: _____ Day Phone: _____
 Address: _____ E-mail: _____
 City: _____
 Province / State: _____ Postal / Zip Code: _____

I would like to reserve _____ table settings (\$400 per setting)
 I would like to reserve _____ table(s) with 8 settings per table (\$3200 per table)
 I would like to reserve _____ table(s) with 10 settings per table (\$4000 per table)
 Total amount to be paid : _____

Cheque ☐

Credit Card ☐

Credit card information :

Name : _____

CC# : _____

Expiry (MM-YY) _____

GUESTS



My guests will be: (additional names may be noted on a separate attachment)

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____



I would like a tax receipt for my donation: YES ☐ NO ☐

Please fax or e-mail this registration form along with credit card information or mail this form with a cheque payable to Baseball Canada to the following contact:



Att: Greg Hamilton
 Baseball Canada
 Suite A7 - 2212 Gladwin Crescent
 Ottawa, ON K1B 5N1
 Tel.: (613) 748-5606 ext.225 Fax: (613) 748-5767
 E-mail: ghamilton@baseball.ca

www.baseball.ca



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