



NATIONAL TEAMS AWARDS BANQUET AND FUNDRAISER

January 10th, 2015 - 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# :

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Expiry (MM-YY) :

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GUESTS



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

Name: _____	Name: _____
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
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