NATIONAL TEAMS AWARDS BANQUET & FUNDRAISER

JANUARY 09, 2027

TORONTO MARRIOTT CITY CENTRE HOTEL
(ROGERS CENTRE)

NAME:_____ PHONE:_____
COMPANY:_____ EMAIL:_____
ADDRESS:_____ CITY:_____
PROVINCE/STATE:_____ POST/ZIP:_____

I WOULD LIKE TO RESERVE ____TABLE SETTINGS ($500EACH)
I WOULD LIKE TO RESERVE ____TABLE SETTINGS ($500EACH)
I WOULD LIKE TO RESERVE ____TABLE SETTINGS ($500EACH)

TOTAL AMOUNT TO BE PAID_____

CHEQUE ☐ CREDIT CARD ☐ EFT ☐

CREDIT CARD INFORMATION

NAME:_____
CREDIT CARD #:_____
EXPIRY (MM-YY):_____ CVV:____

MY GUESTS WILL BE

(ADDITIONAL NAMES CAN BE NOTED SEPARATELY)

NAME:_____ NAME:_____
NAME:_____ NAME:_____
NAME:_____ NAME:_____
NAME:_____ NAME:_____

I WOULD LIKE A TAX RECEIPT FOR MY DONATION:
YES ☐ NO ☐

FOR E.F.T. OPTION, PLEASE SEND TO ACCOUNTING@BASEBALL.CA

PLEASE EMAIL OR MAIL THE COMPLETE FORM TO GHAMILTON@BASEBALL.CA OR NANCY@BASEBALL.CA









