BANQUET & FUNDRAISER

JANUARY 13, 2024
TORONTO MARRIOTT CITY CENTRE HOTEL
(ROGERS CENTRE)

NAME:	PHONE:
	EMAIL:
	CITY:
	POST/ZIP:
I WOULD LIKE TO RES (\$500EACH) I WOULD LIKE TO RES (\$500EACH)	SERVETABLE SETTING SERVETABLE SETTING SERVETABLE SETTING
TOTAL AMOUNT TO BE PAID	
	CREDIT CARD
CREDIT CARD INFORMATION	
NAME:	
CREDIT CARD #:	CVV:17
EXPIRY (MM-YY):	CVV:
MY GUESTS WILL BE	
(ADDITIONAL NAMES CAN BE NOT	
NAME:	NAME:
	_ NAME:
NAME:	_ NAME:
I WOULD LIKE A TAX RECEIPT FOR MY DONATION:	
YES	NO NO
	PLEASE EMAIL OR MAIL THIS FORM TO
3	GHAMILTON@BASEBALL.CA OR Nancy@Baseball.ca upon completion
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