

BASEBALL CANADA AWARDS BANQUET & FUNDRAISER

JANUARY 11, 2025
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

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

PLEASE EMAIL OR MAIL THIS FORM TO
 GHAMILTON@BASEBALL.CA OR
 NANCY@BASEBALL.CA UPON COMPLETION

