

## **November 10, 2018**

Sheraton Ottawa Hotel, 150 Albert Street

REGISTRATION	
Name:	Phone:
Company:	Day phone:
Address:	E-mail:
	City:
Province / State :	Postal / Zip Code :
I would like to reserve table settings ( 150 per setting)	
I would like to reserve table(s) with 8 settings per table (1200\$ per table)	
Total amount to be paid : \$ credit card Credit card information:	
Name:	
CC#:	
Expiry (MM-YY):	
GUESTS	
Name of guests	
Name :	Name:
Name:	Name:
Name:	Name:
Name:	Name:
I would like a tax receipt for my donation: Yes  Please call or email this registration form along with	
credit card information to the following contact:	
Att : June Sterling Tel : (613) 748-5606 ext.222	
E-mail : info@baseball.ca	