

**Name of Guests:**

Please indicate the full name of each guest whose ticket is ordered on this form. Guests will be receiving their pre-selected meal, please check the appropriate box below.

**Please advise us of any dietary restrictions or food allergies by indicating in the space that has been provided.**

Please attach an additional sheet if more space is needed.

1. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
2. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
3. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
4. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
5. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
6. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
7. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____
8. Dr/Mr/Mrs/Ms/Miss _____	<input type="checkbox"/> chicken	<input type="checkbox"/> vegetarian entrée
	<input type="checkbox"/> beef	<input type="checkbox"/> allergy/restriction: _____

**Seating Arrangements:**

Please indicate below with whom you wish to be seated. Seating will be 8 persons per table.

Table A:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Table B:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Please return this completed form with your payment to the Helicon Ball Committee in the enclosed return envelope to the following address:

Helicon Ball Committee  
6A - 170 The Donway West, #811  
Don Mills, Ontario, Canada M3C 2E8

Check our website in the coming weeks for a PayPal payment option: [www.heliconsociety.com](http://www.heliconsociety.com)