

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 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 for an online order option: www.heliconsociety.com