

62nd Helicon Ball

TICKET ORDER FORM

Order your tickets online at: www.heliconsociety.com or by mail

Tickets: _____ Adults x \$125 each = \$ _____
_____ Early Bird/Society Member¹ x \$100 each = \$ _____
_____ Student/Deb Escort x \$75 each = \$ _____
_____ Table rate - 8 people² x \$1000 each = \$ _____
_____ Corporate Table of 8³ x \$2000 each = \$ _____

Total: \$ _____

Please make cheque payable to: Helicon Ball

1 - Early Bird ticket order must be postmarked no later than April 30th 2019

1 - Society member must be a paid up member by the time the ticket order is sent in

2 - Table Rate is an 8 person table of adults or a mixture of tickets

3 - Corporate Table price includes 8 tickets plus sponsorship of the Ball. For more information, please contact sponsorship@heliconsociety.com or 416-707-6876.

I am unable to attend the Ball and/or I would like to support the Helicon Ball Committee in their planning of this and future Helicon Balls (this donation would not receive a tax receipt) **Please make cheque payable to: Helicon Ball** \$ _____

Donation: Your donation will be used to help fund **the Hungarian Education Programs** sponsored by the Hungarian Helicon Foundation.*

- Benefactor \$300 or more
- Patron \$200
- Supporter \$100
- Friend up to \$100

Name of donor as it should appear in the programme: _____

Please make cheque payable to: Hungarian Helicon Foundation

*Donations to the Hungarian Helicon Foundation in support of Hungarian Education Programs are eligible for a tax receipt for the full amount of the donation. Please state to whom the tax receipt should be made out (personal name or company name):

Tickets ordered on this form are to be sent to: _____ **Total enclosed: \$** _____

Dr/Mr/Mrs/Ms/Miss _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

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.

Entrée Options

- 1. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 2. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 3. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 4. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 5. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 6. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 7. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____
- 8. Dr/Mr/Mrs/Ms/Miss _____ chicken & veal vegetarian allergy/restrictions _____

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. _____

Check our website for an online order and payment options: www.heliconsociety.com

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