

Helicon Ball



TICKET ORDER FORM

Tickets: _____ Adults x \$175 each = \$ _____
_____ Students x \$100 each = \$ _____

Donation: Benefactor \$300 or more
Patron \$200
Supporter \$100

Please choose the fund(s) that you would like your donation directed toward, indicating the amount of your donation for each:

Hungarian Education \$ _____

Helicon Ball \$ _____

Name of donor as it should appear in the programme:

- In order for donors to be listed in the programme, we must receive this order form no later than January 15, 2006.
- If you have made a donation in support of Hungarian Education, you are eligible to receive a tax receipt for the amount of your donation toward that cause. To be eligible for a 2005 tax receipt, please forward your payment no later than December 31, 2005. Otherwise, you will be issued a 2006 tax receipt. Please state to whom the tax receipt should be made out (personal name or company name):

Total enclosed: \$ _____ Please make cheque payable to: 2006 Helicon Ball

Tickets ordered on this form are to be sent to:

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 have the choice between a beef, fish or vegetarian entrée – please indicate the choice for each person:

- 1. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 2. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 3. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 4. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 5. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 6. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 7. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian
- 8. Dr/Mr/Mrs/Ms/Miss _____ beef salmon vegetarian

(Please note that if no choice has been indicated for the entrée, then it will be assumed that beef has been selected.)

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
49-6A The Donway West, #811
Don Mills, Ontario, Canada M3C 2E8