



HOCKEY HALL of FAME

2009 Induction Celebration

TICKET APPLICATION FORM

Please reserve _____ "Gala Celebration Tickets" at \$350 each for a total of \$_____.

Please reserve _____ "Galleria Seating Tickets" at \$500 each for a total of \$_____.

Name & Company: _____

Address: _____

City: _____

Prov/State: _____

Postal/Zip Code: _____

Telephone: () _____

Please make cheque payable to **HOCKEY HALL of FAME** or include your credit card info below:

VISA

Credit Card No.: _____ Expiry: _____

MASTERCARD

Cardholder's Signature: _____

AMEX

An "Official Receipt for Income Tax Purposes" will be issued for the charitable portion upon request.

Yes, please issue an Income Tax Receipt. No, Thank-you.

Please issue Income Tax Receipt to: _____

Date and Venue:

**Monday, November 9, 2009 (Doors open at 5:30 PM)
HOCKEY HALL of FAME (Enter via Brookfield Place Concourse)
Dress: Business Attire**

Mail or fax application to:

**HOCKEY HALL of FAME, Brookfield Place, 30 Yonge Street
Toronto, Ontario M5E 1X8
Fax: (416) 360-1501 Attention: Kelly Massé**

Hockey Hall of Fame may not fulfill all ticket requests. Approved ticket orders will be confirmed on or before September 10, 2009. NO REFUNDS. PLEASE SUBMIT YOUR APPLICATION ASAP!