



HOCKEY HALL of FAME

2015 Induction Celebration

TICKET APPLICATION FORM

Please reserve _____ "Gala Celebration Tickets" at \$375 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: () _____

Email: _____

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 eligible charitable portion of the ticket price upon request.

Yes, please issue an Income Tax Receipt.

No, Thank-you.

Please issue Income Tax Receipt to: _____

Date and Venue:

**Monday, November 9, 2015 (Doors open at 5:30 PM)
HOCKEY HALL of FAME (Enter via Brookfield Place Concourse)
Dress: Business Attire**

Mail, fax or email application to:

**HOCKEY HALL of FAME, Brookfield Place, 30 Yonge Street
Toronto, Ontario M5E 1X8
Fax: (416) 360-1501 Attention: Sarah Talbot
Email: stalbot@hhof.com**

Hockey Hall of Fame may not fulfill all ticket requests. Approved ticket orders will be confirmed on or before September 15, 2015. NO REFUNDS. PLEASE SUBMIT YOUR APPLICATION ASAP!