

..... The 2017

SCOTCH NOSING & DINNER

PRESENTED BY



JESUITS
English Canada Province

TICKET REGISTRATION FORM

YOUR INFORMATION

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Tel: _____

Email: _____

PAYMENT INFORMATION

Cheque enclosed

Enclosed amount: \$ _____

Please make payable: **The Jesuit Development Office**

Credit Card



Name on card: _____

Card #: _____

Expiry: _____ / _____

Billing address (if different from above):

GUEST INFORMATION

Number of seats: _____

Number of tables: _____
(8 GUESTS PER TABLE)

For sponsorships of \$2,000 or more,
please specify how you wish to be listed on
corporate signage at event:

Please list names of all persons covered by
this payment:

Please indicate entree choice and number:

Roast Beef: _____ Salmon: _____

Vegetarian: _____

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JESUIT DEVELOPMENT OFFICE
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JESUIT SEMINARY ASSOCIATION