HOCKEY HALL of FAME

2012 Induction Celebration

TICKET APPLICATION FORM

| Please reserve "Gala G | Celebration Tickets" at \$375 each for a total of \$ |
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| Please reserve "Galler | ria Seating Tickets" at \$500 each for a total of\$ |
| Name & Company: | |
| Address: | |
| City: | Prov/State: |
| Postal/Zip Code: | Telephone: () |
| Please make cheque payable t | o HOCKEY HALL <i>of</i> FAME or include your credit card info below: |
| ticket price upon request. | Credit Card No.: Expiry: Cardholder's Signature: <i>e Tax Purposes</i> " will be issued for the eligible charitable portion of the me Tax Receipt. |
| Date and Venue: Mail, email or fax application to | Monday, November 12, 2012 (Doors open at 5:30 PM) HOCKEY HALL of FAME (Enter via Brookfield Place Concourse) Dress: Business Attire 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, 2012. NO REFUNDS. PLEASE SUBMIT YOUR APPLICATION ASAP!

