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HOCKEY HALL of FAME

2013 Induction Celebration

TICKET APPLICATION FORM

Please reserve "Gala Ce	ebration 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 H	CKEY HALL of FAME or include your credit card info below:
upon request. Yes, please issue an Income T	Credit Card No.: Expiry: Cardholder's Signature: <i>Purposes</i> " will be issued for the eligible charitable portion of the ticket price ax Receipt No, Thank-you.
Date and Venue: Mail, fax or email application to:	Monday, November 11, 2013 (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, 2013. NO REFUNDS. PLEASE SUBMIT YOUR APPLICATION ASAP!