



Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2
Telephone: (416) 426-7167 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

44th HALL OF FAME AWARDS DINNER HALL OF FAME MEMBER TICKET ORDER FORM

PLEASE COMPLETE THE HALL OF FAME TICKET ORDER FORM AND E-MAIL TO rhondagifford@o5pba.ca OR MAIL TO THE ABOVE NOTED ADDRESS ON OR BEFORE **OCTOBER 16, 2026**.

Name: _____
Address: _____
City: _____ Postal Code: _____
Date Tickets Sent: _____ (OFFICE USE ONLY)

Name:

Choice of Protein:

- | | |
|----------|---|
| 1. _____ | Chicken () Beef () Gluten Free/Vegetarian () |
| 2. _____ | Chicken () Beef () Gluten Free/Vegetarian () |
| 3. _____ | Chicken () Beef () Gluten Free/Vegetarian () |
| 4. _____ | Chicken () Beef () Gluten Free/Vegetarian () |

Please Note: The Gluten Free/Vegetarian meal can be altered to be Vegan as well. If you want that option please indicate below you want the Vegan meal.

Indicate any Allergies or Dietary Restrictions (if applicable): _____

I would like to order _____ Hall of Fame Dinner Tickets @ \$100.00 each (HST Included)

METHOD OF PAYMENT

Please Indicate: Cheque { } Money Order { } ** E-Transfer { }

Payment is enclosed in the amount of \$_____

**** NOTE: IF YOU ARE PAYING BY E-TRANSFER PLEASE SEND TO payments@o5pba.ca AND INDICATE IT IS FOR HALL OF FAME TICKETS.**