



RESERVATION CONTRACT

Reservation date (please indicate) : _____ (August 6th or 7th 2011)

Cost per Day (please tick one) :

- ☐ Corporate tent + 120 admission tickets \$24,000 (incl. lunch buffet)
☐ Corporate tent + 60 admission tickets \$12,000 (incl. lunch buffet)
☐ Reserved table + 8 admission tickets \$1,000
☐ (Check off) Gift Of Acknowledgement – Corporations only

** All prices include 2 beer / wine drink tickets per guest.*

Corporation Name: _____

Reservation Name: _____
(As it will appear in the program.)

Contact Name: _____

Email Address: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: Bus.: _____ Res. _____ Fax: _____

Phone# .for the morning/evening before the day on which you have ordered your table/ tent: _____
(It is imperative that we have telephone numbers in case we have to contact you the morning of or the evening before the day on which you have ordered your table. This information will be kept strictly confidential)

Yes! I'd like to make a donation of: \$ _____ Yes! I'd like to receive a tax receipt. _____

Cheque enclosed for the amount of: \$ _____

Or credit card # _____ exp. _____

(For tax receipt purposes: Receipts will be issued for the donation portion only.)

The undersigned, for valuable consideration and the payment outlined above, hereby agrees with Ottawa Polo for Heart for the securing of exclusive use of the facilities indicated on the dates outlined above. Your reservation will be confirmed when full payment is received. In case of inclement weather or other Acts of God, sponsors are still liable for their financial and/or donation portion of this agreement.

Signature: _____ Date: _____

Payment should be forwarded to:

Ottawa Polo for Heart on behalf of the Heart & Stroke Foundation

Attn: Pia Reiss
723 Upper Dwyer Hill Rd
Almonte, ON K0A 1A0
Tel: 613-614-6234
Fax: 613-256-4694