



CITY OF ST. CATHARINES

50 CHURCH STREET, P.O. BOX 3012

ST. CATHARINES, ON, L2R 7C2

TEL: 1-905-688-5600

FAX: 1-905-688-8994

VOLUNTEER RECOGNITION NIGHT

Tuesday, April 16, 2013

Registration Begins at 5:30 p.m. (Table Assignments)

Dinner at 6:30 p.m. sharp / Program begins at 7:30 p.m. sharp

SEAT RESERVATION FORM

I would like to reserve _____ seat(s) at \$30.00 (HST included) per seat = \$ _____ (Total)

Name: _____ Organization: _____

Address: _____ Postal Code: _____

Telephone: _____ Email: _____

Nominee's Name: _____

Cheques are payable to "City of St. Catharines"

Mail To: City of St. Catharines, c/o Jan Bechard, Market & Event Coordinator

Economic Development & Tourism Services

50 Church Street, P.O. Box 3012, St. Catharines, Ontario, L2R 7C2

or e-mail to jbechard@stcatharines.ca

*Deadline for Seat Reservations is
Friday, April 12, 2013*