
Guest Registration

Thank you for Sponsoring the Scarlett Ball.

In order to serve you better we need some information about you and your guests.

Please fill out this form by October 4, 2010 and return to Jennifer via fax 416-243-8523 or via email events@westpark.org.

Host

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Guest #1

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Please return form to West Park Healthcare Centre Foundation:

82 Buttonwood Avenue, Toronto, ON M6M 2J5

Tel: 416-243-3600 ext. 4428

Fax: 416-243-8523

Email: events@westpark.org

westpark.org

Charitable Bus # 11929 5350 RR0001

Guest Registration

Guest #2

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Guest #3

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Guest #4

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Guest #5

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

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Guest #6

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Guest #7

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Dietary Restrictions: _____

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