



Hunger at Home:

Thyme to Make a Difference!

Friday March 24th, 2006 • Hilton Garden Inn

A Gala Evening presented by:
HEALTH EVERYWHERE

TICKET REQUEST FORM

Name/Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Company Name (if applicable): _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Please reserve: ____ ticket(s) at \$40 per person.

Please reserve: ____ corporate or group table(s) for eight at \$320 per table.

Name for table: _____

Payment Options:

____ Cheque enclosed (payable to CHEP). ____ Please invoice my company.

Guest(s): Please list guest's names and indicate who requires an income tax receipt (if applicable):

_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Issue income tax receipt to company name above: Yes No

Fax orders to: (306) 655-5512
Phone orders to: (306) 655-4575

Mail orders to: CHEP Good Food Inc.
Room 210
230 Avenue R South
Saskatoon, SK
S7M 0Z9

All ticket orders will be confirmed with the contact person.



THIS IS AN IMPORTANT
FUNDRAISER FOR CHEP'S
FOOD SECURITY INITIATIVES

www.chep.org

