



**2009 COMEDY NIGHT  
TABLE & TICKET REQUEST FORM**  
Thursday, October 29, 2009, 6pm  
Western's Great Hall

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Payment Options**

A portion of each ticket is eligible for a tax receipt.

Table for 10: \_\_\_\_ @ \$1,000 = \_\_\_\_\_

Tickets: \_\_\_\_ @ \$100 = \_\_\_\_\_ (tables are set for 10)

\*Cheque (payable to Merrymount Children's Centre) enclosed \_\_\_\_\_

VISA Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Guest name \_\_\_\_\_ dietary requirements \_\_\_\_\_

Guest name \_\_\_\_\_ dietary requirements \_\_\_\_\_

Guest name \_\_\_\_\_ dietary requirements \_\_\_\_\_

\* Please list additional names on back of form

**Please mail, fax or email to:**

Attention: Elizabeth Abbott

1064 Colborne St. London ON N6A 4B3

Phone: 519-434-6848 ext 250 Fax: 519-434-6851 email: [eabbott@merrymount.on.ca](mailto:eabbott@merrymount.on.ca)

*\*To help keep credit card transactions fees to a minimum, we would appreciate payment by cheque.*

**On behalf of Merrymount Children's Centre and all our families, thank you for your generosity.**