

The Canadian Club of Hamilton
1300 Garth Street, PO Box 004
Hamilton, ON L9C 5V0
Phone or Fax: (905) 521-8832



LUNCHEON ORDER FORM

Date of Luncheon _____

Name: _____

Company Name or Guest Name(s) if applicable:

Phone: _____

Email: _____

Luncheon Fee (Please note our new luncheon fee effective January 1st, 2010)

Members: _____ x \$30 = _____

Non-members: _____ x \$45 = _____

Total: _____

(Please remember a \$5.00 fee will be charged for each attendee paying at the door)

Cheque enclosed Please make cheques payable to "The Canadian Club"

Credit Card Visa Mastercard

Name on card: _____

Credit Card Number: _____

Signature: _____ Expiry date: ____ / ____

Please Remember
Please tell us about any food allergies or dietary restrictions that you may have. Remember to please sign in on arrival.
Thank – You!