

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

Members: _____ x \$25 = _____

Non-members: _____ x \$35 = _____

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!