

Thursday, June 13, 2024 6:00 p.m. Registration & Reception 7:00 p.m. Dinner

Nottawasaga Inn Resort, 6015 Hwy 89, Alliston, ON

| Company Name:   |  |
|---|--|
| Contact Person:   |  |
| Mailing Address:  |  |
| City/Province/Postal Code:  |  |
| Phone #: Email:   |  |
| I agree to receive electronic messages from the County of Simcoe Office of the Warden and CAO related to commercial promotions, fundraising and other opportunities. You may withdraw consent to receive any such messages at any time.   |  |
| SPONSORSHIP OPPORTUNITIES   |  |
|   | onze Sponsor<br>eats, logo displayed during the event    |
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| — <del>1</del> –, 11–11–11–11–11–11–11–11–11–11–11–11–11–   | to attend but would like to make a donationing amount \$ |
| ☐ We are actively seeking donations for our prize table. Please check this box if you are interested in making a donation.  |  |
| REGISTRATION INFORMATION  |  |
| □ I would like to purchase an individual ticket for \$350. Number of seats: x \$350 = \$  |  |
| Please list the guests at your table: *Please indicate any dietary restrictions beside their name   |  |
| 1. 6.   |  |
| 2. 7.   |  |
| 3. 8.   |  |
| 4. 9.   5. 10.  |  |
| J. 10.  |  |
| PAYMENT   |  |
| Personal information contained on this form is collected pursuant to the Municipal Act and protected in accordance with the Freedom of Information and Protection of Privacy Act and is used only to register you for this event. Questions about this collection should be directed to the Office of the Warden and CAO, County of Simcoe, 1110 Highway 26, Midhurst, Ontario L9X 1N6. |  |
| \$ Total Payment Due I will pay by: ☐ Credit Card ☐ Cheq  | ue (payable to County of Simcoe)                         |
| Card #:   | curity Code (CVC or CVV):                                |
| Name on Card: Signature:  |  |

Mail Cheque to: Office of the Warden and CAO | County of Simcoe | 1110 Highway 26, Midhurst, ON L9X 1N6

