



2012 JUKE BOX MANIA

Ticket & Table Order Form

_____ Team Table(s) of eight @ \$240.00 each for a total of \$ _____

Our Team Name is: _____

Name: _____

Company if applicable: _____

Address: _____

Postal Code: _____ Telephone: R) _____ B) _____

Email: _____

Make Cheque Payable to:

Ontario Early Years Centre

55 Mary St. W.

Suite 106

Lindsay, ON K9V 5Z6

Phone: 705-324-7900

Fax: 705-324-7902