

Please complete this form and return to:

Eat Your Heart Out
c/o Krysta Cadden
38 Westview Crescent
Palgrave, ON L7E 0C3

2010 EAT YOUR HEART OUT TICKET ORDER FORM

or via email to eatyourheartoutevent@live.ca

Order Date: _____

Name: _____

Address: _____

City/Prov.: _____ Postal Code _____

Phone: _____ E-mail address: _____

Personal? ___ Corporate? ___ Corporation's name: _____

How did you hear about the event? _____

No. of Tickets _____ @ \$85.00 Amount: _____

Table (10 Tickets @ \$85.00 each): \$850.00 x _____ Amount: _____

VIP Table _____ **Sold Out!** \$1,000 **Sold Out!** Amount: _____

We will be offering **"Services from the Heart"** again this year. Each service is \$15 for 15 minutes. Please indicate which service you would like to purchase. We will include your scheduled time in the ticket package mailed to you.

- Handwriting Analysis (Mary Ann Matthews) X \$15 \$ _____
- Numerology (Paola Gucciardi) X \$15 \$ _____
- Tarot Card Reading (Robert Petrunaro) X \$15 \$ _____
- Angel Card Reading (Fatima Melo) X \$15 \$ _____
- Angel Card Reading (Helena Cachudo) X \$15 \$ _____
- Angel Card Reading (Joanne Artuso) X \$15 \$ _____
- Chair Massage (Relaxology Wellness) X \$15 \$ _____

TOTAL CHARGED: \$ _____

Method of Payment:

_____ Visa _____ MasterCard _____ Amex Card No. _____

Expiry Date: _____ Name on Card: _____

_____ Cheque Enclosed **Cheques to be made payable to: "Eat Your Heart Out"**

For office purposes only:

Cheque No. _____ Date Received: _____
Ticket Numbers: _____ Date Mailed: _____