

Name: _____

Meal Packages (includes Fri. Wine & Cheese, Sat & Sun Breakfasts, Sat. Dinner/Dance, Sun. Dinner)

There is one complementary meal package per full and/or family (grandfathered) membership in good standing.

<input type="text" value="1"/>	Adult Meal Packages	@ \$ 0	<input type="text" value="0"/>
<input type="text"/>	Adult Meal Packages	@ \$ 57	<input type="text"/>
<input type="text"/>	Childrens Meal Packages	@ \$ 25	<input type="text"/>

Adult Individual Meal Tickets

<input type="text"/>	Friday Wine & Cheese	@ \$ 7	<input type="text"/>
<input type="text"/>	Saturday Breakfast	@ \$ 6	<input type="text"/>
<input type="text"/>	Saturday Dinner	@ \$ 25	<input type="text"/>
<input type="text"/>	Sunday Breakfast	@ \$ 6	<input type="text"/>
<input type="text"/>	Sunday Dinner	@ \$ 13	<input type="text"/>

Children Individual Meal Tickets (<12 yrs)

<input type="text"/>	Friday Wine & Cheese	@ \$ 4	<input type="text"/>
<input type="text"/>	Saturday Breakfast	@ \$ 3	<input type="text"/>
<input type="text"/>			<input type="text"/>
<input type="text"/>	Sunday Breakfast	@ \$ 3	<input type="text"/>
<input type="text"/>	Sunday Dinner	@ \$ 5	<input type="text"/>

Total Enclosed***Make cheque payable to "TMCC"

Mail to: Pat Scharnitzky, 185 Donlea Drive, Toronto ON M4G 2N1

Special Meal Requirements: Please note if vegetarian meal is required or any other dietary concerns.
I'll help with:
Name:
Phone: