



HEAVY CONSTRUCTION ASSOCIATION OF REGIONAL NIAGARA



*HCARN 45<sup>th</sup> Annual Christmas Celebration  
Dinner/Dance Friday, December 2<sup>nd</sup>, 2022*

*Holiday Inn & Suites Parkway Conference Centre  
327 Ontario Street, St. Catharines, Ontario*

Attached are the invitation lists to be completed. Please forward them to  
Fax 905-684-4013 or E-mail [HCARNevents@gmail.com](mailto:HCARNevents@gmail.com)  
By November 18th, 2022.

Please include your preferred seating arrangements on your RSVP. Seating will be comprised of 8 or 10 persons per table, please inform us of any dietary restrictions so we can try to accommodate. Ticket price is \$200.00 per person and payment should be received prior to the event.

**The evening's festivities will include the following**

Cocktails	6:00 – 7:00 p.m.
Dinner	7:00 – 9:00 p.m.
Live Band (Vinyl Flux) & Dancing	9:00 – 12:00 a.m.

The Holiday Inn & Suites has offered a reduced room rate of \$139.00, for room reservations, call (905) 688-2324. Please promote the "Don't Drink and Drive" policy to all of our guests. Taxi service will also be available.

If any further information or clarification is required, please contact Sharon O'Hara or Irene Kozina at 905-684-1447.

Due to printing deadline and table layout, we respectfully request your reply by November 18<sup>th</sup>, 2022 and we thank you in advance for your prompt response!

Best regards

Rob Konig  
Vice President

# HCARN Christmas Gala

Contractor Member \_\_\_\_\_

Please make your cheque payable **HCARN** and mail to the address below or you can choose the Credit card option at the bottom of this page:

**Heavy Construction Association of Regional Niagara  
P. O. Box 23  
Thorold, ON L2V 3Y7**

**Payment should be received prior to the event**

**Fax or email this form along with your Guest List to:**

**FAX 905 684-1447 OR [HCARNevents@gmail.com](mailto:HCARNevents@gmail.com)**

<b>Number Attending</b>	<b>X \$200.00</b>	<b>\$</b>
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## Visa or Mastercard

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

### Method of Payment

- Cheque  
 Credit Card

**Card Holders Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Card Number**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Expiry Date \_\_\_\_ / \_\_\_\_

# HCARN Christmas Gala

Contractor Member \_\_\_\_\_

## ***GUEST LIST***

8 to 10 Guest per table

**TABLE #1**

<b>First and last Name</b>	<b>Company</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**TABLE #2**

<b>First and last Name</b>	<b>Company</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

\*Please copy for additional guests