The Falls Premier Ball

January 26-29, 2017

Rooming List

Studio Name _____ Manager _____

Street _____ City_____ Prov. / State _____

Tel. _____ Fax _____ Postal Code / Zip Code _____

E-MAIL _____

Name of person in room * List shared rooms together *	Arrival Date	Depart Date	Package Type & COST	S or D	Smoking or non Smoking	Notes	**TOTAL PER PERSON**

GRAND TOTAL$_____

Please make payable to: "The Falls Premier Ball"

Mail to: 358 Riverside Dr. Welland, Ontario, Canada, L3C 5E5

Tel. 1 – 905 – 735 7221 **Fax: 1 - 905 - 732 7221**

e-mail: jds-fpb@on.aibn.com