

REGISTRATION FORM – Maroon and White Day 2016

Personal Details:

Mr/Mrs/Ms/Miss/Other (Please specify):	Name:
Organisation Name:	Street Address:
Suburb / Town:	Post Code:
Telephone:	Mobile:
Email:	Fax:

Booking Required & Amount Payable:

Maroon and White day Lunch

\$50 individual (\$450 Table Booking of 10) - Number attending Total \$

Payment Method:

Please find enclosed cheque for: \$ _____ OR _____

Please send an invoice to the following address:

OR

Credit Card Details - Type of Card - Card Number - Expiry Date - Name of Card Holder

Type:.....

(Visa – Mastercard etc)

Expiry Date:	Name on Card:	Signature:
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Guest Names:

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Reservations:

Facsimile: (03) 6224 8001

Date: Saturday 6 August 2016

Email: Clarencedfc@iice.net.au

Time 11.30pm Century Room - Bellerive Oval