

ACCEPTANCE & PAYMENT

Name: _____

Address: _____

Telephone: _____ Home: _____

Mobile: _____

No of Tickets: _____

Please find my cheque for \$ _____; Or

Debit my credit card for \$ _____

Cardholders name: _____

Card Number: _____

Expiry Date: _____

Cardholder Signature: _____;

Or

Direct Deposit: CBA- BSB 062734 A/C 28020452 Ref: CP (Include Ref / Name)

Donation: \$ _____

RSVP BY 13th MAY 2016

Please post this form to AOAC, PO Box 123, Rozelle NSW 2039; or

Email to AOAC.enquiries@gmail.com

Contact: Lisa on 0418 456271

Tickets are non-refundable/no entry cards sent/ receipt at door if requested