

AWARD DINNER BOOKING FORM

NB: Confirmation will be emailed on receipt of payment.

Name:								
Address:								
Phone:			Ema	ail:				
Number of	tickets							
		Table (\$1300 ta	\$		 			
		Adult-members	\$					
		Non-Member (\$	\$		 			
		Child (\$95 pp)				\$		
				Total	Amount Owing:	\$		
Payment –	please r	note all cards use	ed will a attra	ct a fee of a	n additional 3%			
Please	find che	eque enclosed (C	heques payab	le to Equest	rian Queensland)		
Please	charge	my credit card	🗖 Visa Ca	ard	MasterCarc	I 🗖 Ai	mex	
Name on Card:								
Credit Card	Numbe	r:						
Expiry Date	:			Amount:		Signature:		



GUEST NAMES

Please Provide the Names of All Guests Included on This Booking,

- Note any Children as (Child) after the name.
- Note any Special Dietary Requirements (ie. Vegetarian) after the name
- Please advise if any seating arrangements are required.

<u>1.</u>			
<u>2.</u>			
<u>3.</u>		 	
<u>4.</u>	 	 	
<u>5.</u>			
<u>9.</u>			
<u>10.</u>			

Seating Arrangements

PLEASE RETURN COMPLETED FORM AND PAYMENT by 4.00pm, Wednesday 21 January 2014

- By Fax: Complete and fax this form to 07 3891 3088
- By Fax: Complete and email this form to <u>manager@equestriangld.com.au</u>
- By Mail: Complete and send with payment to :

Equestrian Queensland, PO Box 1358, Coorparoo DC Qld 4151