



**MOTHER'S DAY CELEBRATORY TEA**  
**Saturday 12<sup>th</sup> and Sunday 13<sup>th</sup> May 2018**

**BOOKING FORM**  
**ABN 60 001 732 592**

Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

PLEASE CIRCLE THE REQUIRED DATE - **Saturday 12<sup>th</sup> May** or **Sunday 13<sup>th</sup> May**

**Time** you wish tea to be served - from 11.00am Saturday and 10.00 am Sunday \_\_\_\_\_

**Number** of people for tea \_\_\_\_\_

*COSTS INCLUDE ENTRY FEE*

Members \$27 x \_\_\_\_\_ Non-members \$39 x \_\_\_\_\_ Children (6-12 yrs) \$19 x \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Please indicate if anyone is vegetarian \_\_\_\_\_

Gluten free or vegan \$3.00 extra per person \_\_\_\_\_

METHOD OF PAYMENT- Electronic Funds Transfer

Please reference transfer with "Mother's Day and your name"

- Account name: 'Eryldene Trust'
- BSB: 032083
- Account number: 350589

Credit Card Visa or MasterCard only **Amount \$**.....

Cardholder's Name.....

Card Number. .... / ..... / ..... / .....

Expiry Date..... / .....

Signature.....

Please email to [eryldene@eryldene.org.au](mailto:eryldene@eryldene.org.au) (please keep a copy as your receipt)