



BOOKING FORM



The Hotel Windsor, 24th September 2009

Email: ellie.pateras@rch.org.au -or- Fax: 03 9347 5146

Mail: The Royal Children's Hospital Auxiliaries
Flemington Road, Parkville VIC 3052

Phone: 03 9345 5188

Date: _____

Name: _____

Address: (Note: Tickets will be sent to this address prior to event)

Phone: _____ Email: _____

Guests Names

Total Tickets _____ @ \$70 per guest

(Book a table of 10 guests for \$650)

TOTAL AMOUNT: \$ _____

Payment Method (please circle)

Cash / Cheque / Money order / Credit Card

Payment via credit card, please enter your details

Visa Card: ___ Master Card: ___ Amex: ___

Card No: ___ / ___ / ___ / ___ Expiry Date: ___ / ___

Cardholder's Name: _____ Security Code: _____

Signature: _____

Cheques should be made payable to:

The Royal Children's Hospital Auxiliaries
Flemington Road, Parkville VIC 3052
Ph: (03) 9345 5188
Fax: (03) 9347 5146

The Royal Children's Hospital Foundation
ABN 15007143142