

Melbourne Cup Lunch Booking Form

TUESDAY 1 NOVEMBER 12.30pm – GRAND CHIFLEY ADELAIDE

First Name _____ Surname _____

Address _____

Suburb _____ Postcode _____

Email _____ Phone _____

Guest Names:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

SPECIAL DIETARY NEEDS: _____

I wish to book _____ tickets at \$99 to the Muscular Dystrophy Association Lunch.

Amount \$ _____

My cheque/money order for Muscular Dystrophy South Australia is enclosed

Please debit my:

Mastercard Visa Diners AMEX

Card No. _____ - _____ - _____ - _____

Cardholder's name _____

Expiry date: ____/____/____ Signed: _____

Please return to:

Muscular Dystrophy South Australia
PO Box 24, Torrensville Plaza SA 5031

Ph 8234 5266 Fax 8234 5866 Email vlionello@mdasa.org.au