

# FUNCTION CONFIRMATION FORM

PLEASE COMPLETE AND FAX BACK TO  
(02) 9233 4989 OR SCAN AND E-MAIL BACK TO US

NAME:

PHONE:

EMAIL:

FUNCTION DATE:

TIME:

BACK / MIDDLE / FRONT (PLEASE CIRCLE)

CREDIT CARD AUTHORISATION

TYPE OF CARD

VISA MASTERCARD AMEX (2.5% SURCHARGE) DINERS (3.3% SURCHARGE)

CARD NUMBER \_\_\_\_\_ EXPIRY \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SEC \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_