



BOOKING FORM

AUTUMN CARNIVAL RACEDAY FUNCTION – SATURDAY, 15 APRIL 2017 ROYAL RANDWICK RACECOURSE

Name: _____ **email:** _____

Postal Address:

Suburb: _____ **State:** _____ **P/Code:** _____

telephone: _____ **mobile:** _____ **fax:** _____

Method of Payment: [please select one of the following]

Cheque made out to the **NSW Racehorse Owners Association Ltd.**

OR

Deposit monies into the NSWROA account at

Commonwealth Bank BSB 062 156 Account No. 2801 3016 **OR**

Debit my Credit Card: Visa Mastercard [please select card type]

Card No:

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Expiry Date: _____ **CCV No:** _____

Signature: _____ **Card Holders Name:** _____

Members:

Number of places booked: [] @ **\$215 .00** per person (inc. GST) **Total Amount \$** _____ **.00**

Non-Members:

Number of places booked: [] @ **\$240.00** per person (inc. GST) **Total Amount \$** _____ **.00**

Please forward booking form and payment to:

NSWROA, GPO Box 1506, Sydney NSW 2001

tel: 02 9299 4299 OR fax: 02 9299 3212 with your credit card details.