



## **BOOKING FORM**

**Racing's Night of Champions – Thursday 15 August 2019  
The Ballroom, Royal Randwick Racecourse**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**NSWROA Member:**  **Yes** **Membership No:** \_\_\_\_\_  **No**

### **BOOKING**

Number of seats booked: [    ] @ **\$240.00 per person** (inc GST)  
 Number of tables booked (tables of 10pp): [    ] @ **\$2,400.00 per table** (inc GST) **TOTAL AMOUNT \$** \_\_\_\_\_ **.00**

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

- Cheque made out to the: **NSW Racehorse Owners Association Ltd**
- Direct Deposit: Commonwealth Bank BSB **062 099** Account No. **1043 4710**
- Debit my:  Visa  Mastercard

**Card No:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Expiry Date:** \_\_ / \_\_ **CCV No:** \_\_\_\_

**Signature:** \_\_\_\_\_ **Card Holder's Name:** \_\_\_\_\_

## **Your Guests' Details**

**- 4 Guests or Less -**

*(For bookings of more than 4 guests, please use the following page only)*

	FIRST NAME	LAST NAME	DIETARY REQUIREMENTS/ALLERGIES	SPECIAL NEEDS (eg disability/wheelchair access)
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

**PLEASE FORWARD BOOKING FORM AND PAYMENT BY:**

post: NSWROA, PO Box 65, Canterbury, NSW 2193      OR      email: [owners@nswroa.com.au](mailto:owners@nswroa.com.au)  
 OR phone: Jane on 0421 353 871 with your credit card details



## **TABLE BOOKING FORM – GUEST INFORMATION**

**Racing's Night of Champions – Thursday 15 August 2019  
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**Booking in the Name of** \_\_\_\_\_

**Number of Tables booked:** \_\_\_\_\_

### **Table Booking – Your Guests' Details**

*Please complete this form for each table purchased **OR** if you have purchased more than 4 tickets.*

*Please duplicate this form if you have booked more than one table and indicate below for which table # this page has been completed (ie Table 1 of 3):*

**Table \_\_\_\_ of \_\_\_\_**

	<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>DIETARY REQUIREMENTS/ALLERGIES</b>	<b>SPECIAL NEEDS (eg disability/wheelchair access)</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				

*Return via email to [owners@nswroa.com.au](mailto:owners@nswroa.com.au)*

*Please direct any enquiries to Jane on 0421 353 871*