

# MUSIC QUIZ NIGHT Booking Form

Saturday 6th November 2010, Craigie Leisure Centre

Finger Food & Snacks Provided (Bringing your own food is not permitted)  
Cash Bar Available (Discounted prices)

## Company/Individual Details

Company Name:	
Individual Name:	
Postal Address:	
Authorising Executive:	Contact Person:
Phone:	Fax:
Email:	

## Booking Details

	Please tick	Qty Req	Cost (incl GST)	Sub Total
<b>TABLE</b> Table of 8 Guests	<input type="checkbox"/>		\$312	
<b>INDIVIDUAL TICKETS</b> Please note preference will be given to table purchases	<input type="checkbox"/>		\$39 each	
<b>TAX DEDUCTIBLE DONATION</b> We are unable to attend however we would like to make a tax deductible donation to help.	<input type="checkbox"/>			
			<b>TOTAL:</b>	<b>\$</b>

## TAX INVOICE / RECEIPT (ABN 71 138 285 784)

(Please tick your method of payment and retain a copy of this form for tax purposes.)

<input type="checkbox"/> <b>CHEQUE</b>	<b>Our cheque for \$_____ is enclosed</b> Please make cheques payable to Justice WA
<input type="checkbox"/> <b>CREDIT CARD*</b>	<b>Please charge \$_____ to my credit card</b>
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	Expiry Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Card No.: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Verification No.: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <small>3 digits on reverse of card</small>
Cardholder's Name:	Cardholder's Signature:

\* Credit card charges will be the responsibility of the purchaser. A 2% credit card fee applies.

<input type="checkbox"/> <b>BANK/EFT</b>	<b>Justice WA</b> <b>BSB</b> 086 366 <b>ACC</b> 16 006 3799 <b>REF</b> Your Surname
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**By submitting this booking form to JUSTICEwa, you are acknowledging that you have read and accepted the ticket terms & conditions, which are available on our website.**

Please forward your completed Booking Form to

**Justice WA**  
PO Box 8455, Perth BC, WA 6849  
Email tickets@justicewa.com  
Fax: 1300 972 254  
www.justicewa.com

**Thank you for supporting  
the Victims of Injustice.**