**Receipt ref**: **\_\_\_\_**  **Deb ref**:\_\_\_\_

THE ROTARY CLUB OF BERWICK INC.

BERWICK COLLEGE

 PRESENTATION BALL 2017

 GUEST TICKET ORDER FORM 2018

**WEDNESDAY, 16th MAY 2018 or THURSDAY, 17th MAY 2018**

**or TUESDAY 15th MAY, 2018 (if third night required)**

Student’s Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent contact name: \_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_ Mobile # \_\_\_\_\_\_\_\_\_\_

Fee: **Adult Guest $95.00–Cash/Cheque OR ($97.00–inc. credit card surcharge)**

Fee: **Child 12yr & under $65.00-Cash/Chq. OR ($66.50–inc. credit card surcharge)**

PAYMENT DETAILS Cash/Cheque or Credit Card **(plus 2.2% surcharge)**

CHEQUES Payable to: The Rotary Club of Berwick Inc. **# Adults \_\_\_\_\_\_\_\_\_\_**

CREDIT CARD DETAILS VISA MASTERCARD **# Children \_\_\_\_\_\_\_\_\_**

**(NB 2.2% surcharge applies to credit card payments)**

Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CVV No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIETARY requirements – (Completion of this section is a necessary requirement to ensure that the Venue is fully aware of any dietary needs). If insufficient space, please attach on separate sheet.**

GUEST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary Req. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUEST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary Req. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD 12yr & under Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary Req. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_