

Fully n Pushing Charity Film Screening Ticket Booking Form

Tickets available at www.trybooking.com/LJHL

Form to be completed by staff member of: The Bays Mornington Yacht Club

Contact details of ticket purchaser (please print clearly)

First Name: _____
Last Name: _____
Street Address: _____
Suburb: _____
State: _____
Postcode: _____
Email: _____
Phone: _____

Payment details

Number of tickets: 1 2 3 4 5 6 7 8 9 10
(please circle)

Payment method: Cash Visa Mastercard Amex Cheque/Money Order*

*Cheque payable to The Bays Healthcare Group

Credit Card number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

CSC number: _____ (The CSC is the last three digits found on the back of card)

Cardholder's name: _____ Cardholder's signature: _____

Additional .30c booking fee applies to credit card. Please allow two days to process your ticket.

Ticket(s) will be sent by mail/email directly to the ticket purchaser.

Thank you! Please send completed form to: Tanja Moye
Communications & Events Assistant The Bays Healthcare Group
Email- events@thebays.com.au
Phone - 5970 5309
Fax - 5975 2216