

**RACE DAY**  
**Saturday 22nd February 2014**  
**Booking Form**



ABN : 90 980 795 712

This form can be used as a Tax Invoice on receipt of payment

Name : \_\_\_\_\_

Address : \_\_\_\_\_

P/C : \_\_\_\_\_

Phone Number : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

(Please place number required in box)

Ticket/s @ \$145

Table/s for 10 People @ \$1,400

Payment Details

I enclose my cheque / money order / cash for \$ \_\_\_\_\_ payable to Chad Hancock Cancer Foundation for Young Adults Inc.

OR

I have deposited \$ \_\_\_\_\_ into the Chad Hancock Cancer Foundation for Young Adults Inc. Bank Account - BSB : 633-000 A/C : 145148482

(Please attach copy of deposit confirmation)

Full payment must be made by Friday 15th February 2014

Upon full payment, tickets will be posted.

Chad Hancock Cancer Foundation for Young Adults Inc.

PO Box 18, St Agnes, SA, 5097

E-mail: [admin@chadhancockfoundation.org](mailto:admin@chadhancockfoundation.org)

Web: [www.chadhancockfoundation.org](http://www.chadhancockfoundation.org)