



2019 Variety Bash Extra Guest Meals Booking Form

Please fill out the form below to book meals for your additional guests. Please be sure to include names and any dietary requirements for each guest for meals. **Note – do not include your own crew in the numbers for extra meals, yours' is included in your provisions levy**.

| GUEST FIRST NAME | | GUE | ST SURNAME | DIETARY REQUIREMENTS | | CON | CONTACT NUMBER | |
|--|-------------|-----------|---------------------|----------------------|------------------|--------------------|----------------|--|
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| | | | | | | | | |
| | | | | | NO OF | COCT DED | | |
| DAY | LOCATION | | MEAL / ACTIVITY | | NO. OF PEOPLE | COST PER PERSON | Total \$ | |
| Eg. Tuesday, 20 August | Warrnambool | | Lunch & Dinner only | | 2 | | = \$ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | TOTAL | TO PAY: | = \$ | |
| PAYMENT OPTIONS | | | | | | | | |
| | | IIING WIT | 'H· | | | | | |
| CAR NUMBER TRAVELLING WITH: | | | | | | | | |
| Cheque - p | lease i | make your | cheque payable to | Variety - the Chil | dren's Char | ity | | |
| ☐ Credit Card Payment : Type of card ☐ Visa ☐ Amex ☐ MasterCard | | | | | | | | |
| Cardholder's Name: Credit Card Number: | | | | | | | | |
| Expiry Date (mm/yy): CCV Signature | | | | | | | | |
| Direct Deposit - please send remittance advice to accounts@varietyvic.org.au | | | | | | | | |
| BSB: 033018 ACC: 260338 Name: Variety Victoria – the Children's Charity – GEN Ref: Car #EM | | | | | | | | |

Variety – the Children's Charity Victoria ABN 80 145 257 414