



MFPS 40th Anniversary Dinner

I would like to purchasetickets @ \$25 each. Total enclosed:.....

Name of people attending Ph. No

.....
.....
.....

Child's Name and Class: (if applicable).....

Address: (if applicable)

I understand that all attendees must be 18 years or older YES/NO

Please specify any Dietary requirements:.....

Tables will be allocated in numbers of 4 or 6 therefore please specify if you have a preference as to who you would like to sit with:

.....

Could you give us a brief description of your association with the school? Past / Present

.....
.....

I wish to pay by Credit Card/Cheque /Cash (Cheques should be made payable to Murray Farm Public School)

CREDIT CARD DETAILS

Card Type: Visa Mastercard (please circle) Amount: \$.....

Card Number: Expiry date:...../.....

Cardholder's Name: (Please print)

Cardholder's Signature: