

Lavan Legal Lunch for Autism West

12 pm Friday 20th January 2012

Corporate Details

PLEASE COMPLETE ALL FIELDS

Corporate name: _____

Contact person: _____

Email: _____

Phone: _____

Number of guests ____ (at \$150 per person)

Table guests

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Payment

Payment per person \$150

Payment per table \$1500

Please pay via cheque/money order payable to autism west support inc. Or visa/mastercard payment

Cardholder name: _____

Card number: ____/____/____/____

Expiry date: ____/____ Card type:   Amount: \$ _____

Signature: x _____

Additional information at www.teamsprintcup.com

email: admin@teamsprintcup.com **phone:** 08 6389 1833

Please complete your booking form and fax to 08 6389 2600
or post to PO Box 666, Nedlands WA 6009



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Raising funds for



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