

Booking Form

I would like to purchase:

- Ticket/s (\$250 per person)
- Table/s of 10 (\$2400 per table)

A Night in the Dark

SATURDAY 1ST AUGUST 2009

Company Name: _____

Contact Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

Please find enclosed cheque/money order for \$_____ payable to Lighthouse Foundation

Please debit \$_____ to: Diners Club Mastercard Visa Amex

Card Number: - - - Expiry: -

Cardholder's Name: _____

Signature: _____ Date: _____

Please return payment to: **Lighthouse Foundation**

13 Adolph Street, Richmond Victoria 3121

Payment by phone: A Night in the Dark hotline 03 9093 7505