

Booking Form

Margaret River Weekend of Music 16 - 18 April 2010

Name _____
Address _____
Suburb _____ State _____ P/C _____
Telephone _____ Email _____

Packages

NO. OF CABERNET PACKAGES REQUIRED [] @ \$880pp = \$ Please list the name of each ticket holder below

Would you like bus transfers? [] @ \$30pp = \$ **YES/NO**

Would you like to attend the complimentary wine masterclass? (numbers are strictly limited) **YES/NO**

Do you wish to be seated with another party for the Friday and Saturday dinners and Sunday lunch?
If yes, please list the name(s) and occasion(s) here and will do our best to accommodate your request.

NO. OF SHIRAZ PACKAGES REQUIRED [] @ \$550pp = \$ Please list the name of each ticket holder below

Would you like bus transfers? [] @ \$30pp = \$ **YES/NO**

Do you wish to be seated with another party for the Friday night dinner?
If yes, please list the name(s) here and will do our best to accommodate your request.

NO. OF MERLOT PACKAGES REQUIRED [] @ \$235pp = \$ Please list the name of each ticket holder below

Would you like bus transfers? [] @ \$30pp = \$ **YES/NO**

PLEASE LIST ANY DIETARY REQUIREMENTS

My cheque is enclosed for \$ _____, made payable to AUSTRALIAN STRING QUARTET
OR We are delighted to offer you a delayed payment option where you provide your credit card details now but the payment will not be processed until March 2010.

Please charge my credit card \$ _____ on receipt of this form

Please charge my credit card \$ _____ in March 2010

MASTERCARD VISA Card No. _____ Exp date /

Name on card _____

Signature of card holder _____

Please return this booking form with payment to:
AUSTRALIAN STRING QUARTET, Reply Paid 60687, The University of Adelaide SA 5005 (no stamp required)

