

Charity Gala

**SATURDAY 31 JULY 2021
BUNDABERG MULTIPLEX**

AT THE BUNDABERG MULTIPLEX ON SATURDAY 31ST JULY, 2021, PRESENTED BY



TABLE RESERVATION FORM (PER TABLE)

TABLE # office use

Table Name: _____
(Person or Business Name to appear on seating plan)

Contact Person _____
(Person to receive tickets and communication regarding the event)

Contact #: _____ Email: _____

Tickets are \$150 per person (\$1500 per table of 10) and include:

- ♣ arrival drinks and canapés followed by dinner and entertainment
- ♣ 2 x entries for a chance to win a new release Toyota Kluger GX 2WD or \$10, 000 cash
- ♣ some introductory casino chips to try your luck in the 'Kalki Moon Casino'

The theme is James Bond 007 Casino Royale and the dress code is elegant evening attire, black-tie optional.

Beverage selection for the evening includes: Beer, Wine, Spirits, Champagne and Cocktails using a ticket system.

BEVERAGE TICKETS \$3 EACH AVAILABLE FOR PURCHASE AT THE VENUE

BEVERAGE PACKAGE SPECIALS - PRE-PURCHASE ONLY

1 Ticket	Soft drink
2 Tickets	Beer / Wine by Glass / KM Gin Mix Can
3 Tickets	Craft Beer / Spirit by Glass
4 Tickets	Cocktail

ITEM DESCRIPTION	DETAIL	\$	QUANTITY
Standard Package	12 Tickets	\$33	_____
Deluxe Package	18 Tickets	\$50	_____
Grande Package	30 Tickets	\$80	_____
Red / White Wine	Per Bottle	\$25	_____
Sparkling Wine	Per Bottle	\$35	_____
French Champagne	Per Bottle	\$80	_____

BOTTLE TICKETS AVAILABLE FOR PURCHASE AT THE VENUE

Red / White Wine	Per Bottle	\$30
Sparkling Wine	Per Bottle	\$40
French Champagne	Per Bottle	\$90

We will buy all beverage tickets at the venue **OR** We will pre-purchase beverage packages/specials

Table Reservation Payment Amount: \$ 1500

Plus Beverage Pre-Purchase Payment Amount: \$ _____

Please confirm with your table guests if any special dietary requirements are to be requested and advise here: _____

PAYMENT OPTIONS: Credit card or cash in person at the Foundation Office, Credit card by phone, contact Maria on 07 4331 1024 or payment authority below (receipt to be emailed or posted):

CARD TYPE: Visa Mastercard AMOUNT \$ _____

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRY DATE: ____/____/____ CCV No: _____

SIGNATURE: _____

OR by Direct Deposit to: **Foundation Ltd, BSB 084-571, Account 72 805 5303, using name as reference.**

**For inquiries please contact
Maria Ebert
Office: 07-4331 1024
Mobile: 0407 531 446
Email: mebert@fsph.org.au**

**PLEASE RETURN COMPLETED
FORM AND ARRANGE
PAYMENT BY
30th June 2021.**