

**anza**

# Wish Upon a Star Ball

Please send me a total of \_\_\_\_\_ tickets for the ANZA Ball.

This being \_\_\_\_\_ (no.) tickets for ANZA Members and \_\_\_\_\_ (no.) tickets for guests. \_\_\_\_\_ (no.) vegetarian meals required.

Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Handphone \_\_\_\_\_

Email \_\_\_\_\_

PAYMENT DETAILS: I am paying by Cheque  Credit  Cash  \$

Cheque # \_\_\_\_\_ Bank name \_\_\_\_\_

Please make cheques payable to 'ANZA' and include your ANZA Membership number and indicate ANZA Ball on the back of the cheque.

Credit Card (please indicate) Master Card  Visa

Name of card holder \_\_\_\_\_ Signature \_\_\_\_\_

Card number  Expiry Date \_\_\_\_\_

Please indicate names of members and guests. Please note each table will have seating for 10 persons (maximum of 10 to a table)

Name	Membership #	Guest
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>
9.		<input type="checkbox"/>
10.		<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Declaration/Disclaimer (Adults)**

In consideration of the Australian and New Zealand Association (ANZA) accepting me as a participant in the above mentioned activity I, for myself, my heirs, executors or administrators remise, release and forever discharge ANZA, its officers, servants, agents and any other persons authorised by ANZA, from all and any claims, demands, actions or cause of action on account of my death or on account of any injury (including injury resulting in death) however caused or sustained by me, and for the loss of or damage to (however caused) my personal belongings suffered at any time during my participation in the above mentioned activity.