



**AUGUST & SEPTEMBER OPEN WEEKENDS BOOKING FORM  
11.00am to 3.00pm**

**Please indicate which day in, 2020:**

August Saturday 8 \_\_\_\_\_ August Sunday 9 \_\_\_\_\_  
August Saturday 22 \_\_\_\_\_ August Sunday 23 \_\_\_\_\_  
September Saturday 12 \_\_\_\_\_ September Sunday 13 \_\_\_\_\_  
September Saturday 26 \_\_\_\_\_ September Sunday 27 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear?

**Please indicate which time slot you would like to book -**

11.00am to 1.00pm \_\_\_\_\_ 1.00pm to 3.00pm \_\_\_\_\_

Members: Free x \_\_\_\_\_ Non-members: \$8 x \_\_\_\_\_ Children (6-12yrs): \$5 x \_\_\_\_\_

Family (2 adults, 2 children): \$20x \_\_\_\_\_

**TOTAL NUMBER OF VISITORS** \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

**It is mandatory you provide names and either phone numbers or email addresses for EVERY member in you party in the event of requirement for contact tracing (thank you). Please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT**

**Electronic Funds Transfer (preferred)** Please reference transfer with "date of visit and name"

Account name: 'Eryldene Trust' BSB: 032083 Account number: 350589

or

Credit Card - Visa or MasterCard only (Please Circle) Amount \$.....

Cardholder's Name.....

Card Number. .... / ..... / ..... / ..... Expiry Date..... / .....

Signature.....

**Kindly email to [eryldene@eryldene.org.au](mailto:eryldene@eryldene.org.au) (please keep a copy as your receipt)**