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**ENTRY FORM**

Please complete your details in the space provided below:

|  |  |
| --- | --- |
| **YOUR NAME** |  |
| **NUMBER OF TICKETS** |  |
| **AMOUNT PAID** | $ |
| **DATE OF EFT** |  |
| **EFT REFERENCE** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL** |  |

**Please note:** If you have sold multiple tickets and collected all the monies from several people, please advise each ticket holder’s first name and surname and email address where possible to enable them to be advised of allocated ticket number/s.

**Please return your completed form by Friday 30th April 2021 at 5:00pm to** info@geelongregioncancerians.com.au

Payments via **EFT Electronic Funds Transfer:**

BSB: 633 000

Account number: 162 560 007

Account Name: Geelong Region Cancerians

Essential to note in Reference/Description: SC Your\_surname, your\_first\_initial

**Credit card** payments can be made here: <https://www.trybooking.com/BQOYI>