Team Details Team Details



2014 Tax Invoice

Name of Team:			<u> </u>
Team Name for tent sign (max. 26 ch.):			
Address:			
Suburb:		State:	Postcode:
Name of Team Organiser:			
Phone (daytime):		Phone (mobile):	
Fax:	Email:		
Section 1: Tent Packages			
Which package do you require? (please indica	ate below)	Tent location preferences:	1st 2nd 3rd
PACKAGE A (10 – 20 people) TEAM ZONE 1 PACKAGE B (20 – 40 Saturday only \$895	people) TEAM ZONE 2 \$1700 \$1700 \$2000	PACKAGE A (10 – 20 people) TEAM ZONE	PACKAGE B (20 – 40 people) TEAM ZONE 2
Section 2: Additions Which additions would you like? (please indic	ate below)		
BBQ		URNS	_
Saturday only Sunday only	\$180 \$180	Urn	\$100
Weekend	\$200		
ADDITIONS:			\$
TOTAL (TENT PACKAGE PRICE + ADDITIONS):			\$
Section 3: Payment Details Please do not send cash through the mail. Payment i groups is by Credit Card, international cheques or mo "Gold Coast Airport Marathon". Return this complete	ney order in Austra	alian dollars (AUD) only. All cheque	
Please tick the appropriate box to indicate you	ır method of payn	nent:	
Cheque Bank Cheque Money Order	Credit Card (1.2	2% transaction fee) Direct dep	osit
Please debit my: MasterCard Visa Card number:		Total amount Expiry Date:	payable: AU\$
Card holder's name:		Card holder's signature:	
*All prices contain GST		I have read the terms and conditions and author details as listed above.	ise payment to the credit card
OR, if sending payment, please forward to: Gold Coast Airport Marathon, PO Box 4920, GCMC,	, QLD 9726		
	ease save form as 'our Team Name ".	pdf	









when submitting

