



Friends of Opera Booking Form

I wish to purchase tickets @ \$40 each for A Stopera Reunion

Details of Person making the booking

Name _____

Residential Address _____

Phone _____ day _____ evening

Email _____

Names and residential addresses of all guests *Please ensure that the names and residential addresses of all guests are included on this booking slip.*

Payment Details _____ Amount enclosed \$ _____

Cheques should be made payable to: Friends of Opera

Credit card Visa Mastercard

Card Number _____

Cardholder's Name _____

Expiry Date _____ Signature _____

(Please note that numbers are strictly limited and bookings are processed in strict order of receipt.)

Please return to Friends of Opera PO Box 3601 MANUKA ACT 2603
