



ARB Warn Outback Challenge 2007 Spectator Package
May 11th - 19th, 2007 Broken Hill, NSW

Main Contact Name _____

Address _____

Suburb _____ Postcode _____

Mobile phone _____

Email _____

Names of people in vehicle

1 _____ 2 _____

3 _____ 4 _____

Vehicle type _____ colour _____ reg _____

Passes - Number of paying adults (over 16)

Full week pass ___ X \$330 pp = \$ _____

Half week pass ___ X \$155 pp = \$ _____

Monday - Wednesday Thursday - Saturday (circle one)

Cash paid, Cheque included or Charge my Bankcard Mastercard Visa (circle one)

Name on card _____

Card Number _ _ _ _ _ _ _ _ _ _

Expiry date _ _ / _ _

Signature _____

* Return this to PO Box 330 Croydon Vic 3136 or fax 03 9723 2022

<p>Office use only</p> <p><input type="checkbox"/> Discount applies _____(discount amount)</p> <p>Payments processed</p> <p>Paid in full _____(date)</p>
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