

Mazenod Mother's Day Dinner 2017
R.SVP

Name: _____

Son's Name: _____ Year Level: _____

Contact number: _____

Email address: _____

Number attending: _____ Max 10 per table

If you would like to sit at a table with someone else who is attending, please provide their names and contact number below (otherwise we will try to sit you with Mothers from your son's year level):

Special Dietary Requirements:

Payment Enclosed : \$ _____ (\$55 per head)

- Cash – envelope Attn: Mazenod Mothers Committee, to the front office
- Cheque made out to Mazenod Ladies Committee
- Direct Deposit – Date of direct deposit: ___/___/2017

Mazenod Ladies' Committee BSB: 063 182 A/C: 0090 0395

If you choose to direct deposit **YOU MUST ENSURE** you include **YOUR** name in the "description on recipient's statement" section on internet banking. Otherwise we will not know who has paid.

Email to mothers.mazenodcollege@gmail.com)