



RSVP

Name: _____ No of Tickets @ \$70 _____

Child's Name: _____ Child's Class: _____

Your Contact No.: _____

Please make cheques payable to Sacred Heart Mosman P & F

OR Complete the following Credit Card Form Mastercard Visa

Card No.

Expiry / Amount: \$ _____

Name on Card: _____

Signature: _____ Date: _____

Please return to school office marked Wild West Dinner Dance



Saturday 29th August 7pm

