

2016 NZ U15's SOFTBALL TEAM (Queensland State Champs)

ROOM TYPE Single Double Twin Triple Quad
ARE YOU TRAVELLING ALONE AND LOOKING TO SHARE Yes No

NAME: Mr/Mrs/Ms/Dr _____ MALE/FEMALE
(as per passport)

ADDRESS: _____

CITY: _____ STATE: _____ P/CODE _____

COUNTRY _____ DATE OF BIRTH ___/___/___ SHIRT SIZE _____

PHONE: _____ EMAIL _____

PASSPORT NO: _____ COUNTRY _____

FAMILY/FRIEND COMPETING _____ RELATIONSHIP _____

NOTES / REQUESTS _____

GUEST 2

ROOM TYPE Single Twin Double Triple Quad

NAME: Mr/Mrs/Ms/Dr _____ MALE/FEMALE
(as per passport)

ADDRESS: _____

CITY: _____ STATE: _____ P/CODE _____

COUNTRY _____ DATE OF BIRTH ___/___/___ SHIRT SIZE _____

PHONE: _____ EMAIL _____

PASSPORT NO: _____ COUNTRY _____

FAMILY/FRIEND COMPETING _____ RELATIONSHIP _____

NOTES / REQUESTS _____

ATTACH ADDITIONAL SHEETS IF MORE THAN 2 IN GROUP

PAYMENT DETAILS

TOTAL PRICE _____

**50% Deposit per person to accompany booking
Balance due July 15th 2016**

1. Bank Transfer

Bank: BNZ

Account Name: SportsLink International

BSB: 020108

Account Number: 0276009000

In DESCRIPTION tab write " NZ SOFTBALL MACKAY – your name" (eg. NZ SOFTBALL MACKAY - Jones)

2. Credit Card (2.5% surcharge applies to Visa, MCard)

Type of Card VISA MASTERCARD

Card No: _____ Expiry ___/___ CVV _____

Name _____ Amount \$ _____

SIGNED _____ DATE _____

Email completed form to: bookings@sportslinkinternational.com

