

|                |  |
|----------------|--|
| EVENT LOCATION |  |
| CONTACT NAME   |  |
| CONTACT PHONE  |  |

**STEP 1:** Complete the details on this form which is due must be returned by **Friday 14 May 2021**.

**STEP 2:** Make payment of any on-the-day entries, donations and other by selecting one of the three below:

|          |   |                        |     |         |            |         |
|----------|---|------------------------|-----|---------|------------|---------|
| <b>1</b> | Deposit or transfer MDC account (local Westpac branch and <u>email/post deposit stub with this form</u> ) |                        |     |         |            |         |
|          | <b>Ensure EFT deposit reference is either the Post Code or location name</b>                              |                        |     |         |            |         |
|          | ACCOUNT NAME  | MDC FOUNDATION LIMITED | BSB | 033 002 | ACCOUNT NO | 907 598 |
| <b>2</b> | Credit card: Complete the details in the section at the bottom  |                        |     |         |            |         |
| <b>3</b> | Cheque or money order: Made out to <i>MDC Foundation Limited</i>  |                        |     |         |            |         |

**STEP 3:** Complete the reconciliation details:

| CASH TOTAL AMOUNTS   |           |
|----------------------|-----------|
| DONATIONS:           | \$        |
| ENTRY FEES:          | \$        |
| <b>TOTAL AMOUNT:</b> | <b>\$</b> |

HOST SIGNATURE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**STEP 4:** Collate ALL on-the-day entry forms and return to the National Office along with this form.

Mail to: Mother's Day Classic, Level 23, 150 Lonsdale Street Melbourne, VIC 3000

OR scan and email to: [regionalevents@mothersdayclassic.com.au](mailto:regionalevents@mothersdayclassic.com.au)

|              |                               |                                      |                               |
|--------------|-------------------------------|--------------------------------------|-------------------------------|
| CARD TYPE    | VISA <input type="checkbox"/> | MASTER CARD <input type="checkbox"/> | AMEX <input type="checkbox"/> |
| CARD NUMBER  |                               |                                      |                               |
| EXPIRY       | CCV                           | TOTAL PAYMENT                        | \$                            |
| NAME ON CARD |                               |                                      |                               |
| SIGNATURE    |                               |                                      |                               |

*Please return to the MDC National Office by Friday 14 May 2021*