

**LEEWIN OCEAN ADVENTURE FOUNDATION GIFT VOUCHER ORDER FORM**

Please fill out the details below. The gift voucher will be sent to address supplied with details of to and from left blank.

**FIRST NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**SUBURB:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

TYPE OF FARE	COST	QUANTITY	TOTAL VALUE
ADULT FARE ages 14+	\$95.00		\$
CHILD FARE age 3-13	\$60.00		\$
SENIOR PENSIONER	\$60.00		\$
FAMILY PASS ( 2 adults and 2 children)	\$250.00		\$

**TOTAL TO BE CHARGED TO CREDIT CARD** \$

**PAYMENT DETAILS:**

CARD HOLDER FULL NAME ON CARD: \_\_\_\_\_

TYPE OF CARD:      VISA      MASTERCARD      AMEX (2.5% SURCHARGE)

CARD NUMBER:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

CSC ( LAST 3 DIGITS ON BACK OF VISA OR MASTERCARD OR FRONT 4 DIGITS ON AMEX):

□ □ □

EXPIRY DATE:    □ □    □ □

I authorise the Leeuwin Ocean Adventure Foundation to charge my credit card the total amount shown above.

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

PLEASE RETURN TO THE FOUNDATION:

AN EMAIL WILL BE SENT CONFIRMING THAT WE HAVE RECEIVED YOUR FORM.

FAX:      08 9430 4494

EMAIL:    [office@sailleeuwin.com](mailto:office@sailleeuwin.com)

POST:     PO BOX 1100, Fremantle WA 6959