

2018 UFC FIGHT WEEK - BOOKING FORM

ROOM USE Single Double Twin Triple Quad

PERSON 1

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

ADDRESS: _____

CITY: _____ STATE: _____ P/CODE _____

COUNTRY _____ DATE OF BIRTH ___/___/___ SHIRT SIZE _____
(Unisex XS - XXL)

PHONE: _____ EMAIL _____

PASSPORT NO: _____ COUNTRY _____

NOTES / REQUESTS _____

PERSON 2

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

ADDRESS: _____

CITY: _____ STATE: _____ P/CODE _____

COUNTRY _____ DATE OF BIRTH ___/___/___ SHIRT SIZE _____
(Unisex XS - XXL)

PHONE: _____ EMAIL _____

PASSPORT NO: _____ COUNTRY _____

NOTES / REQUESTS _____

Add additional sheets if more than 2 persons booked as one group

PAYMENT DETAILS

TOTAL PRICE

\$1000 DEPOSIT PER PERSON

1. Bank Transfer

Bank: Commonwealth Bank Acc Name: SportsLink International
BSB: 06 2231 Acc No: 1043 9397
In Description, write UFC – YOUR NAME" (eg. UFC – JONES)

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

Type of Card VISA MASTERCARD

Card No: _____ Expiry ___/___

Name _____ CVV _____

Tour Cost \$ _____ CC FEE \$ _____ TOTAL \$ _____

SIGNED _____ DATE _____

Send to: SportsLink International

PO Box 810, Belconnen ACT 2616

Email: bookings@sportslinkinternational.com

