A picture containing shape

Description automatically generated**DESCENDANTS OF THE RATS OF TOBRUK AUSTRALIA ASSOCIATION Inc.**

**Registration for 80th Anniversary Reunion 22-24 October, 2021**

**Please forward this registration form together with payment to:**

**The Secretary, DOTROTA, PO BOX 3389, Victoria Point West, Qld. 4165.**

**or email to:** [**dotrota41@gmail.com**](mailto:dotrota41@gmail.com)

**FIRST ATTENDEE:**

…………. …………………………………………………………………………… ………………………………………………………………………………..

Title Given Name (s) Surname

Address: …………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………….. …………………………… ………………………..

State Postcode

Email: …………………………………………………………………………………………………………….. Phone No: ………………………………….

Please Print Clearly

**SECOND ATTENDEE:** If more than two persons please attach another form with names. Total payment can be made here.

…………. …………………………………………………………………………… ………………………………………………………………………………..

Title Given Name (s) Surname

**OTHER ATTENDEES:**

…………. …………………………………………………………………………… ………………………………………………………………………………..

Title Given Name (s) Surname

…………. …………………………………………………………………………… ………………………………………………………………………………..

Title Given Name (s) Surname

**Will you be attending the Sunday Service? YES NO**

**Your DOTROTA Membership No.** ……………………..

**Please print your Soldier’s details below:**

……………………………………………………………………………………………..… ……………………………………..…………………………………………

Given Name (s) Surname

……………………………………………….. …………………………………………………………………………………………. ………………………………………

Service No. Unit Date of Death

**Payment Details:**

$95 per person includes Saturday Dinner and Sunday Refreshments. (Friday evening at own expense)

Payment can be made by Cheque, EFTPOS, Credit Card, Money Order or Cash. For EFTPOS, please include a unique reference so that the payment can be matched to the registration. e.g. ‘REGO’ and your surname.

Bank Account Details: Account Name: DOTROTA BSB: 124-001 Account No.22920417

The EFT ‘reference’ I have used is: |R|E|G|O|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Payment by Credit Card:

Number |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| Expiry Date ……/……./….... CVV……..