



**Your Local
Distributor
Terry Pike
02 9974 4660
1800 247 827**

Raffle Ticket Order Form

Group Name _____ ABN _____

Contact Name _____

Phone No. () _____ Fax () _____

Email address _____

School or Group Name to go onto tickets _____

School or Group Address to go onto tickets _____

_____ Ph _____

Do You wish to have your group logo / school crest on the tickets Yes / No

If Yes, are you going to email the logo to sales@worldsfinest.com.au Yes / No

Or mail to PO Box 278 AVALON NSW 2107 Yes / No

Draw Date ___ / ___ / ___

To Be Drawn At _____

Permit / Declaration No. (ACT & Vic Only)

Please ensure that all details above are correct. Any reprinting costs due to incorrect details given on this form will be incurred by the group.

Date ___ / ___ / ___

Name _____ Position _____ Signed _____

Date Tickets Required ___ / ___ / ___

Fax this order with your Raffle Booking Form to:

Fax 02 9974 4613

World's Finest P/L PO Box 278 AVALON NSW 2107

ABN 74 003 947 206