



# 2016 Southern Cross Rally Festival TRE

## EVENT ENTRY INSTALMENT PAYMENT FORM

October 24 – 29, 2016

### INSTALMENT PAYMENT DETAILS:

Instalment transactions to be paid as follows:

- |  |  |
|--|--|
| 1 <sup>st</sup> Payment by “Early Bird” Friday, 26/08/2016 | - Minimum of \$ 495.00 for “Early Bird” Event Entry;           |
| 2 <sup>nd</sup> Payment by Friday, 16/09/2016              | - Minimum of \$ 390.00 for 1 x Catering Pack @ \$ 390.00 each; |
| Final Payment by Close of Entries on Friday, 30/09/2016    | - Balance of Catering Packs and Event Entry, as applicable.    |

*For each instalment payment, please fill in the relevant instalment transaction details along with your crew details, and entry identity if known. Sign the form, and then post to the Event Secretary.*

*(Please include details below)*

### INSTALMENT TRANSACTION DETAILS

Instalment amount(s) paid in this transaction

- |   |    |
|---|----|
| 1 <sup>st</sup> Payment due by 26/08/2016 | \$ |
| 2 <sup>nd</sup> Payment due by 16/09/2016 | \$ |
| Final Payment due 30/09/2016              | \$ |

Total amount paid in this transaction     \$

Date Paid :

*(Please include details below)*

### CREW & ENTRY IDENTIFICATION DETAILS

COMPETITOR / ENTRANT NAME :

DRIVER'S NAME:

ENTRY IDENTITY NUMBER:

EFT Reference (if applicable):             SCRF

Signature: .....

*(Print name in BLOCK LETTERS):* .....

### EFT transactions

EFT is the preferred method for payment by instalments to the account of

**SOUTHERN CROSS RALLY FESTIVAL**  
BSB : **484 799**  
Account Number : **065 701 244**

*(Please include details below where applicable)*

Your EFT Reference : SCRF  
Total Amount Paid : \$  
Date Paid :

### Payment by cheque

Cheques, (where approved), are to be made payable to **Southern Cross Rally Festival** and mailed with this Instalment Payment form to:

The Event Secretary  
Southern Cross Rally Festival  
PO Box 5626  
PORT MACQUARIE NSW 2444

*(Please include details below where applicable)*

Drawer's Cheque A/c BSB :  
Drawer's Cheque Number :  
Total Amount Paid : \$  
Date Paid :