



**CAT & FIDDLE PUB SPORTS BAR & RESTAURANT**

1979 Brown Street  
Port Coquitlam, BC V3C 2N4 PH:  
604-941-8822  
FAX: 604-941-0886  
EMAIL: catandfiddleevents@gmail.com

**FUNDRAISER FORM**

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

No. of Tickets: \_\_\_\_\_

Group Name: \_\_\_\_\_ No. of extras: \_\_\_\_\_

Address: \_\_\_\_\_ Ticket Colour: office use only

City: \_\_\_\_\_ P/C: \_\_\_\_\_ Start time: \_\_\_\_\_

no later than 6:30pm

Price is **\$20.00** unless otherwise stated.

Name on Ticket: \_\_\_\_\_  
(if different from above)

Date of Fundraiser: \_\_\_\_\_  
day of week month day year

Contact #1: \_\_\_\_\_ Contact #2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

cell: \_\_\_\_\_ cell: \_\_\_\_\_

**Choice which payment type for deposit:**

Method of Payment: Cash ( ) Cheque ( ) Visa ( ) M/C ( ) Amex ( )

**CVC#** Card Number \_\_\_\_\_ Expiry: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Postal \_\_\_\_\_

**\*This gives the Cat & Fiddle authorization to charge my credit card for any balance owing, if it is not paid the night of the fundraiser.**

Method of Payment: Visa ( ) M/C ( X ) Amex ( )

Card Number \_\_\_\_\_ Expiry: \_\_\_\_\_

**CVC#** Cardholder Signature: \_\_\_\_\_

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give this copy to office - will return with tickets - bottom half to customer  
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**\* There is a \$500 non-refundable deposit to reserve a fundraiser. This deposit will be put towards the first 50 tickets redeemed at the bar on the date of the fundraiser.**

Group Name: \_\_\_\_\_

Date of Fundraiser: \_\_\_\_\_  
day of week month day yr

Payment Received By: \_\_\_\_\_  
Staff Signature