



CAT & FIDDLE PUB SPORTS BAR & RESTAURANT

1979 Brown Street
Port Coquitlam, BC V3C 2N4
PH: 604-941-8822
FAX: 604-941-0886
EMAIL: catandfiddlepub@shaw.ca

FUNDRAISER FORM

Date: _____

Staff Name: _____

Group Name: _____ No. of Tickets: _____

Address: _____ Ticket Colour: office use only

City: _____ P/C: _____ Start time: _____

no later than 6:30pm

Price is **\$25.00** 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(\$625)

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: _____

give this copy to office - will return with tickets - bottom half to customer

*** There is a \$625 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