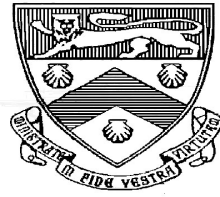


PAYMENT FORM



I/We will be attending:

(Parents' Names) _____

(Student's Name) _____

Saturday Night Dinner & Auction at \$40 per person for persons
(No payment necessary for your Wesley College Resident Son/Daughter)

METHODS OF PAYMENT (please tick) **for Wesley College Parents Weekend**

Name _____

Total amount _____

Cheque - Please make all cheques (crossed not negotiable) and payable to "Wesley College"

Mastercard Visa

Card Account Number _____

Name on card _____ Expiry Date _____

Card Holder's Signature _____

**Please send RSVP and Payment to Tracey Fredson
by Monday 18 May 2009**

Mail Wesley College,
Western Avenue,
University of Sydney NSW 2006
Fax 02 9516 3653
Phone 02 9565 3377
Email tjessup@wesleycollege-usyd.edu.au