



# THE AUSTRALIAN DAVIS CUP TENNIS FOUNDATION



**Celebrating the anniversary of Australia's 1973 Davis Cup victory against the USA, with one of the greatest teams of all times.**

To be held at:

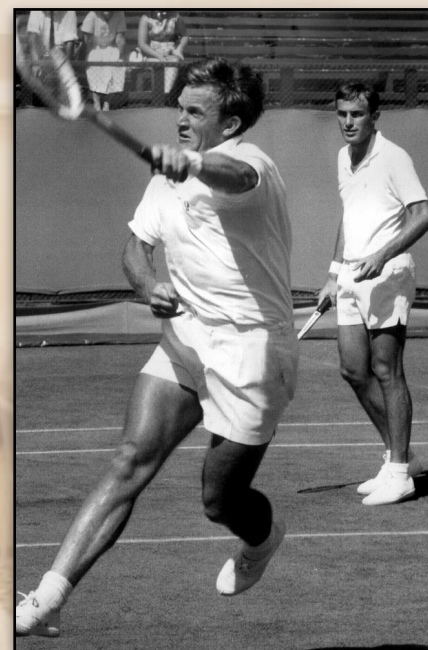
**MEMBERS DINING ROOM,  
MELBOURNE CRICKET CLUB**

Jolimont.

The Australian Davis Cup Tennis Foundation invites you to our celebratory luncheon for the 1973 Davis Cup victory.

**IN ATTENDANCE** will be members of the team and other former champion Davis Cup players.

**Our 1973 Team members who participated during the year were:**  
**John Newcombe, Rod Laver, Ken Rosewall, Mal Anderson, John Cooper & Geoff Masters.**



**WHEN:** Friday 25th January 2019

**TIME:** 12 noon start

**COST:** \$150 per member  
\$165 per guest (inclusive)

**FOOD & DRINKS:**

Two course meal including premium beverages.



**BOOKINGS:**

ADCTF Secretariat  
9499-6228

[info@adctf.org.au](mailto:info@adctf.org.au)

**JOIN US FOR  
A GREAT EVENT**

Booking Slip  
is available on our website  
[www.daviscupaustralia.com.au](http://www.daviscupaustralia.com.au)



# THE AUSTRALIAN DAVIS CUP TENNIS FOUNDATION



## BOOKING FORM - Australian Open Luncheon

To be held at the Members' Dining Room, Melbourne Cricket Club,  
12 noon, Friday 25th January 2019 (tax invoice when paid)

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NO. of MEMBERS: @ \$150 \_\_\_\_\_

NO. of GUESTS: @ \$165 \_\_\_\_\_

CASH / CHEQUE / EFT / CREDIT CARD for \$ \_\_\_\_\_

Please make cheques payable to:  
The Australian Davis Cup Tennis Foundation.  
EFT to BSB 033 365 Account 18 3920 and include  
your name for identification of the payment.

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Guest Names: Member (Y/N)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

CREDIT CARD NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CARD TYPE:  VISA  MASTERCARD EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_

CVV Number (on back of card):

Please seat me with: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

To book for this fabulous event, please send booking form to ADCTF Secretariat, PO Box 342 Ivanhoe, 3079 or email to [info@adctf.org.au](mailto:info@adctf.org.au). Once guest names have been determined, please advise by email: [info@adctf.org.au](mailto:info@adctf.org.au) or phone to (03) 9499-6228, to be included on the door list.