



WINE GUILD VICTORIA INCORPORATED

FUNCTION NOTICE

WINE BOTTLING

At

THE DENNEHY'S AT "DALREDEDEN"



DATE: SUNDAY 15TH OCTOBER 2017

VENUE: Geoff and Jenny Dennehy
15 Cloverlea Drive KILSYTH SOUTH 3137 Melways 51 F11

TIME: 10.00am
Please bring a chair and sunscreen. Glasses supplied.

BOTTLING: Everyone to get a turn at all levels of the bottling.

WINE: Bendigo 2016 Shiraz – an exceptional vintage
This is a lovely lighter style of Shiraz from the Bendigo region.
It is drinking very well now and will improve in the bottle over the next 3 - 5 years.
Extremely good value.

LUNCH: Spit Roast, Dessert, Tea and Coffee
Wines for lunch will be what we are bottling. Sparkling and white wine will be available for those who don't drink red wine.

COST: **Members: \$75.00 per adult person** **Non-Members \$85.00 per adult person**
Includes 6 bottles of wine to take home per adult. Value: \$150.00

Children (10yrs and over): \$30.00 per child
Parents or guardians to provide drinks for children.

WINE SALES: Bendigo Shiraz \$50.00 ½ doz.
This excellent price is only available on the day of the bottling.

This wine will retail for \$20.00 - \$25.00 per bottle.

RSVP: Sunday 8th October 2017

**BOOKINGS ESSENTIAL: PAYMENTS TO BE MADE WHEN BOOKING
NO PAYMENTS TO BE MADE ON THE DAY**



REMITTANCE ADVICE

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at

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NO PAYMENTS ON THE DAY**

Online: www.wineguildvictoria.com.au/upcoming-functions

Ctrl + Click to RSVP & receive email acknowledgement

Post to: **THE SECRETARY, WINE GUILD VICTORIA, PO BOX 1000, SUNBURY VIC 3429**

Or Phone: **Graeme Lofts on 0409 831 883** Email: vicepres@wineguildvictoria.com.au

I/We will attend the **Wine Bottling on Sunday 15th October 2017.**

1. Please charge my **Master Card** **Visa**

Card Number:

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Card Holder's name: _____ Expiry Date: ____ / ____

Signature: _____ Total amount: \$ _____

2. Direct Deposit details: Westpac Bank BSB 033 138, Account name: Wine Guild Victoria

Account Number: 167701 Reference: **BottYour surname.**

3. Enclosed is a cheque/money order for: \$ _____ payable to Wine Guild Victoria.

Please print names clearly:

Member: _____ Mobile Ph: _____

Member: _____ Mobile Ph: _____

Guest: _____ Mobile Ph: _____

Guest: _____ Mobile Ph: _____

Special Dietary Requirements:

Name and Dietary Requirement: _____

Name and Dietary Requirement: _____
