



WINE GUILD VICTORIA INCORPORATED

FUNCTION NOTICE

ONE DAY COACH TOUR TO KYNETON

SUNDAY 21ST JULY 2019

Coach Driver:

Tour Leaders: **Bob Bailey (President)**
Dianne Lofts

Coach Mobile:

Bob's Mobile: 0428 553 329
Di's Mobile: 0412 756 073

Depart: 7.30am BOX HILL

Box Hill South Family Centre
1228A Riversdale Road, Box Hill South
(Corner Station Street)

**PLEASE NOTE: The coach will depart from Box Hill on time.
The coach will not wait for any late comers.**

Arrive: 9.10am COLIBAN VALLEY WINES Est. 1997
313 Metcalfe-Redesdale Road, Metcalfe. Vic.
Owners: Helen and Greg Miles

Depart: 10.30am

Arrive: 10.45am METCALFE VALLEY VINEYARDS Est. 1994
283 Malmsbury-Metcalfe Road, Metcalfe. Vic.
Owner: Ian Pattison Winemaker: Terry Boehm

Depart: 12.00pm

Arrive: 12.25pm SHAMROCK HOTEL Est: 1867
120 Mollison Road, Kyneton. Vic.
Owner: Toto

Depart: 1.45pm

Arrive: 2.05pm PARAMOOR WINERY Est: 2005
439 Three Chain Road, Carlsruhe. Vic.
Owners: Will and Kathy Fraser

Depart: 3.15pm

Arrive: 4.45pm – 5.00pm Box Hill

MEMBERS: \$85.00

GUESTS: \$95.00

RSVP: FRIDAY 12TH JULY 2019

All those attending must be 18years or over.





REMITTANCE ADVICE

ONE DAY COACH TOUR TO KYNETON

SUNDAY 21ST JULY 2019

MEMBERS: \$85.00 GUESTS: \$95.00

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

Phone: Dianne Lofts 0412 756 073

Email: secretary@wineguildvictoria.com.au

I/We will attend the One Day Kyneton Tour on Sunday 21st July 2019.

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: KT Your 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: _____
