



WINE GUILD VICTORIA INCORPORATED

FUNCTION NOTICE

WINE BOTTLING

At

THE DENNEHY'S AT "DALREDEDEN"



DATE: SUNDAY 16TH OCTOBER 2016

VENUE: Geoff and Jenny Dennehy
15 Cloverlea Drive KILSYTH SOUTH 3137 Melways 51 F11
For Enquiries, Phone: 9728 8973 or Mobile: 0437 288 973

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

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

WINE: Bendigo 2013 Cabernet / Shiraz / Merlot
A blend of grapes all of which have been grown in the Bendigo region.
This wine has had an extra 12 months in the barrel and tastes substantially better than last year. The winery is selling this particular wine for \$25.00 per bottle so this is a great bargain for members.

LUNCH: Spit Roast, Dessert, Tea and Coffee
Wines for lunch will be what we are bottling.

COST: Members: \$50.00 per person Non Members \$60.00 per person

→ **Cost includes 3 bottles of wine to take home per adult person.** ←

WINE SALES: Bendigo Cabernet / Shiraz / Merlot \$84.00 doz. \$45.00 ½ doz.
This bargain price is only available on the day of the bottling.
After the bottling function will be \$90.00 doz. \$48.00 ½ doz. \$8.00 per bottle.

RSVP: Sunday 9th October 2016



REMITTANCE ADVICE

WINE BOTTLING

at

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RSVP: SUNDAY 9TH OCTOBER 2016

Members: \$50.00 per person

Non Members \$60.00 per person

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

Ctrl + Click to RSVP & receive email acknowledgement

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

Phone: **Geoff Dennehy on (03) 9728 8973**

Email: **g.dennehy@bigpond.com**

I/We will attend the Wine Bottling on **Sunday 16th October 2016.**

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: 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: _____
