

THEATRE TRIP BOOKING FORM

Name: _____ **Tel. No** _____

Other Guest's Name: _____

(If you are paying for an additional person)

Your Email: _____

Address: _____

_____ **POST CODE** _____

Performance date: _____ **Performance :** _____

I am enclosing my cheque made out to Maidenhead U3A for £ _____
for _____ ticket(s).

Signed _____ **Date** _____

Send to: Mo Wright at 52 Lyneham Gardens SL6 6SJ Tel. 630023.

Queries: mowright@greenbee.net