

SHTCC BOOKING FORM for [EVENT]on [DATE]

[MEMBER] NAME TEL NUMBER EMAIL

*Please provide guest contact details overleaf. SHTCC are fully committed to protecting your privacy.
We will only use information that we collect about you and your guests in accordance with the Data Protection Act 1998.*

TOTAL TICKETS SEAT TYPE CHEQUE ENCLOSED FOR £..... (include £2 per guest)

PICK UP POINT..... SPECIAL REQUESTS

Are you are willing to be a coach monitor for this event – YES/NO

Cut here and send your separate cheque, SAE and booking form for each event to
SHTCC 24 Charleton Way, West Charleton, Kingsbridge TQ7 2AN (01548 531214)

✂.....✂

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South Hams Theatre and Concert Club GUEST DETAILS

Please supply further details of the other members and guests you are bringing with you to this event.

MEMBER/GUEST 1: NAME TEL EMAIL

MEMBER/GUEST 2: NAME TEL EMAIL

MEMBER/GUEST 3: NAME TEL EMAIL

MEMBER/GUEST 4: NAME TEL EMAIL

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